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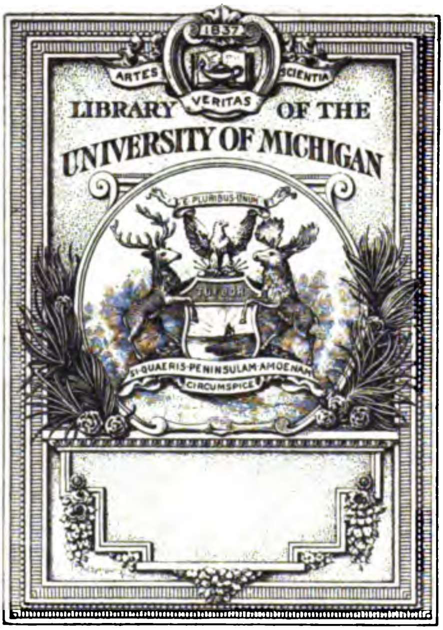
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PROCEEDINGS

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OF

THE ROYAL MEDICAL & CHIRURGICAL SOCIETY OF LONDON.

VOL. VIII.

SESSIONS 1875-6, 1876-7, 1877-8, AND 1879-80.

LONDON:

MDCCCLXXX.

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

Tuesday, October 12, 1875.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—71 Fellows and 11 visitors.

Books were presented by Dr. Barėty, Mr. John Birkett, Mr. Lennox Browne, Mr. Brudenell Carter, Mr. T. B. Curling, Mr. Erichsen, Mr. Cooper Forster, Dr. Garrigou, Dr. Henry Green, Mr. Berkeley Hill, Professor A. Hannover, Mr. Robert Higgens, Dr. O. Larcher, Dr. R. J. Lee, Mr. F. Mason, Dr. Pavy, Dr. George Ross, Dr. Burdon Sanderson, Mr. E. Seguin, Dr. Sieveking, Dr. E. J. Tilt, Mr. Erasmus Wilson, and Mr. Spencer Watson; the Clinical Society, the Zoological Society, the India Office, St. Bartholomew's Hospital, the Athenæum, the New York Academy of Medicine, the Surgeon-General of the United

States Army, the 'Société des Science
and the University of Christiania.

20 volumes of old books and 57 t
not previously in the Society's li
from the library of Dr. C. J. B. V
him to the Society.

The following gentlemen w
Fellows of the Society: Joh
Thomas Crawford Hayes, M.
(Sydney, New South Wal
M.D. (Ceylon).

The President laid a co
for the past session b
that it would very shor

The following con

On the Patholog
M.D., F.
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in the brain and cord, most marked in the corpora striata, the arbor vitæ of the cerebellum, and in the dorsal region of the cord. Traces of erosion widely distributed. Hæmorrhage into, and distension by serum of, the central canal.

Case 2, duration twenty-one days.—Similar injection of the brain with the addition of superficial hæmorrhages and exudation around the arteries of the corpora striata. Injection of the cord, and periarterial erosion in the dorsal and lumbar regions, most marked in the grey matter.

Case 3, duration twenty-four days.—Injection of the vessels of brain of every class, most about the optic thalami; some extrusion of corpuscles. Injection of the cord and hæmorrhage into the grey matter of the dorsal and lumbar regions, symmetrically with regard to the two sides.

Case 4, duration fifty-seven days.—Injection of the brain chiefly venous, and of the corpora striata. Injection and erosion of the cord with large hæmorrhage into the cervical grey matter, and smaller elsewhere.

Case 5, duration sixty-four days.—Venous injection of the brain, especially of the corpora striata, wherein were also periarterial exudations. Arteries of convolutions near the Sylvian fissure surrounded by blood crystals and débris. Injection and scattered erosions of the cord. Sclerosis of the grey matter in both dorsal and cervical regions placed with bilateral symmetry.

Case 6.—Since last attack thirteen days. Two precedent attacks, the last a year ago. Recent injection, such as in the other cases, of the bodies at floor of the lateral ventricles and of the cord. Older changes, periarterial degeneration, and scattered spots of the sclerosis in *substantia perforata* and convolutions at beginning of left Sylvian fissure.

Case 7, duration four years. — Spots of sclerosis numerously set in the substantia perforata and grey matter of the corpora striata symmetrically with regard to the two sides. In the cord large exudations into the grey matter and fissures, chiefly in the cervical region.

This summary was enough to show that the changes were remarkably constant in kind and place.

In kind the changes were all (allowing sclerosis to be so) directly connected with vascular disturbance. The injection was general to vessels of every kind, but most marked in the arteries. When the sources of exudation or of hæmorrhage could be determined they were always arterial, the degenerations were usually periarterial, and the spots of sclerosis similarly placed. The first visible change would seem to be injection or distension of the arteries, this being succeeded by extrusion of their contents to the irritation or injury of the surrounding tissue.

In place, the changes affected both brain and cord: the cord, perhaps most severely. Whether in the brain or cord the changes on the two sides were generally symmetrical, both being often affected at the same spot in the same manner and nearly to the same extent; and in instances where no symmetry was apparent a tendency to it could be traced, as in the existence of vascular distension on one side corresponding to hæmorrhage on the other.

The parts of the brain most liable lay between the base and the floor of the lateral ventricles in the track of the middle cerebral arteries—the substantia perforata, the corpora striata, and the beginning of the Sylvian fissures. In the cord the changes attained their maximum in the posterior and lateral parts of the grey matter and in the upper portions of the cord.

Regarding arterial repletion as the origin of the pathological changes, the source of this vascular state was discussed. The embolic theory was shown to be inconsistent with the character and distribution of the morbid appearances.

To elucidate some of the points in question, the clinical history of the disease was adduced as represented by a tabulation of twenty-two fatal cases, all examined after death; and seventy cases under observation during life only.

The prominent fact brought out by these cases was the frequency of mitral endocarditis in connection with the disease. This existed in seventeen of the twenty-two fatal cases; while there was stethoscopic evidence of it in forty of the seventy non-fatal cases. It was then shown that endocarditis was associated with chorea, independently of the frequent origin of the chorea in rheumatism, and when the nervous disturbance could be definitely traced to mental causes. Thus, while cases endocarditis often preceded the chorea, it was equally evident that chorea in other circumstances preceded and caused the endocarditis. This duplex relation between the nervous and the cardiac disorders was discussed with the conclusions that chorea was not in any way, neither embolically nor otherwise, a result of endocarditis, though often associated with it as having a common origin in rheumatism; while endocarditis was continually a result of chorea, set up possibly by the muscular irregularity of the heart and the mitral regurgitation thereby occasioned.

In conclusion, chorea was regarded as depending upon a widely spread hyperæmia of the nervous centres, not due to any mechanical mischance, but produced by causes, mainly of two kinds, one being the rheumatic condition, the other comprising various forms of irritation—mental and reflex, belonging especially to the nervous system. Given the irritant, mental, reflex, or rheumatic, the course of the disease had been sufficiently traced in hyperæmia and its results. The spots of perivascular change were widely scattered through that large region which lies inferiorly to the cerebral convolutions between the corpora striata and the lower part of the cord, the district of the motor and sensory as distinguished from the mental functions. The result, chiefly in muscular excitement rather than in paralysis or loss of sensation, was associated with the character of the lesions, which were points of irritation rather than planes of section, and calculated not so much to cut off as unnaturally to excite nervous function. In looking at the nature of the lesions, proceeding as they do from vascular distension to perivascular change, it was not possible but to connect them with those of a large group of nervous disorders, prominently with those of diabetes. In diabetes the changes are of similar origin and character, though usually seen at a later stage and attended with more excavation. They are, however, somewhat differently disposed in the two disorders; in both they are widely distributed; in diabetes the stress falling upon the brain, in chorea upon the cord.

Every period of life has its own regions of nervous susceptibility: in childhood the motor; in adolescence the emotional; in advancing years the mental, and coevally, or nearly so, that part of the nervous mechanism which instigates glycosuria. Much the same mental impression may make a child choreic, a girl hysterical, or a man diabetic; and thus both in external origin and in the nature, though probably not in the site, of the organic changes, we see resemblances and alliances between nervous disorders which in their symptoms betray little similarity.

October 26, 1875.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—44 Fellows and 8 visitors.

Books were presented by Sir J. Rose Cormack, Dr. Hayem, Mr. Henry Lee, Professor F. Rizzoli, Professor Cesare Taruffi, the Royal College of Surgeons, University College, the Clinical Society, the Pathological Society of Dublin, and the Quekett Microscopical Club.

The following communications were read:

I. On the Use of the Actual Cautery in the Enucleation of Fibroid Tumours of the Uterus.

By ROBERT GREENHALGH, M.D., F.R.C.P., Physician Accoucheur to, and Lecturer on Midwifery and the Diseases of Women and Children at St. Bartholomew's Hospital.

(Received March 6, 1875.)

(*Abstract.*)

The author in this communication, after briefly alluding to the infrequent use of the actual cautery in this country as compared with its application on the Continent, stated that during the last twelve years he had used it frequently, and with more or less success, in chronic enlargements with induration of the cervix uteri due to inflammatory or fibroid disease; in epithelioma and cancer of the neck of the uterus where the organ is movable; in some cases of vascular tumour of the meatus urinarius; in slight cases of recto and vesico-vaginal fistula; in incontinence of urine due to dilated urethral canal, and in certain cases of interstitial and intra-uterine fibroid growths. But it was to its use in the two latter classes of cases that he limited his present observations. He then gave the details of five cases: three of intramural, one of extramural, and one of intra-uterine fibroid growths, with the plan adopted and results in each case. He expressed an opinion that diffused fibroid deposits of the uterus in the early stage were more amenable to treatment than was generally supposed. He observed that although the large majority of cases needed no surgical interference, yet there were others which, through the large losses of blood to which they give rise or the mechanical effects they produce, imperatively demand such aid.

The author then drew attention to the occasional ill effects of dilatation and enucleation by the knife, and summed up the advantages of the actual cautery under the following heads:

1st. Facility of application.

2ndly. Occasions but little pain.

3rdly. Rapid in its action.

4thly. Occasions no bleeding.

5thly. No plugging needed.

6thly. The charred opening not favorable to absorption.

7thly. No offensive discharge from the charred surface.

8thly. Opening readily dilatable, and without bleeding.

9thly. Permits of manipulation through the opening immediately after its use.

10thly. By its use, portions of the tumour may be rapidly destroyed, its size reduced, and its lower segments rendered subsequent detachment, expulsion or removal of the morbid growth.

He then remarked that spontaneous expulsive efforts shortly followed its use, and the density of the tumours appeared to be more or less reduced after its application.

The author, in conclusion, drew especial attention to the three following points:

Firstly, the advisability of the gradual detachment of the growth from its surrounding capsule, especially in cases where the tumour is of large size, or where the patient had been much reduced by previous hæmorrhages, by which further losses of blood are avoided, and more perfect contraction of the investing tissues is secured, and the chances of pent-up offensive discharge is almost certainly prevented.

Secondly, the removal of only so much of the tumour at each operation as is external to the opening, by which the opening is kept dilated, and all chance of its closure upon the remainder of the growth avoided.

Thirdly, the speedy destruction by the cautery or removal by the *écraseur* or hand of the tumour should sloughing ensue.

II. An Original View of the Laryngeal Movements, accompanied by a New Movable Model. By Edmund J. Spitta, M.R.C.S., late Demonstrator of Anatomy at St. George's Hospital. (Received July, 1875.)

(*Abstract.*)

The *model* illustrates the present theory, by exhibiting *mechanically* the two operations of the larynx under which all its movements may be included, viz. the *tensing* and *relaxing* the cords, and the *opening* and *closing* the glottis.

The *new view* principally concerns the last-named operation.

It shows in the first place, from the construction of the crico-arytænoid joints, how neither forward nor rotatory movements of the arytænoids are possible, and that these cartilages can only move laterally; but that by this very movement the interval between the cords is horizontally increased and the glottis opened.

It then describes the laryngeal muscles and how they effect the two operations above named, giving them fresh names in accordance with their actions; the arytænoideus, for example, is called the occludens.

Lastly, the new view obtains a remarkable, though totally unexpected, corroboration of its truth, derived from the peculiarity in distribution of the laryngeal nerves.

At the conclusion of the meeting the action of the model of the larynx was shown to the Fellows by Mr. Spitta.

Tuesday, November 9, 1875.

Charles Brooke, F.R.S., and Sir William Jenner, Bart., M.D., K.C.B., F.R.S., Vice-Presidents, successively in the Chair.

Present—43 Fellows and 7 visitors.

Books were presented by Mr. George Gulliver and Dr. C. J. B. Williams.

The following gentlemen were proposed for election as Fellows of the Society: Fletcher Beach, M.B., Charles Henry Carter, M.D., William T. Greene, M.B., W. S. Greenfield, M.D., and Waren Tay, F.R.C.S.

On Diphtheria, and its Relation to (so-called) Croup.

By ROBERT HUNTER SEMPLE, M.D., Physician to the Bloomsbury Dispensary. (Received April 13, 1875.)

(Enlarged Abstract.)

The author, in the first place, sets forth the reasons which induced him many years ago to regard as erroneous the doctrines formerly held in Great Britain on what was called "Croup," and to propose a new nomenclature for the maladies which that term seemed to include. He was engaged in the year 1858 in editing and translating, for the New Sydenham Society, a series of memoirs written by French authors on the disease known as diphthérite or diphthérie, and which Bretonneau and other French physicians regarded as synonymous with "Croup," the distinguishing character of the malady being the presence of a false membrane in the air-passages. But far more important questions than those of nomenclature soon arose in this country, about and after the year 1858, namely, what was the real nature and what were the causes and treatment of the malady described by Bretonneau, and which had then developed itself as a formidable epidemic in Great Britain. Was it a new disease, or was it one already known and described by British authors? To this question it is not easy to give so ready an answer as might be expected, for it is matter of notoriety that in 1858 very few British practitioners had ever seen an outbreak of the disease so graphically delineated by Bretonneau, and the French physician himself states that he had not seen "Croup" more than twice before the year 1818, the period when his first memoir was prepared. When, however, his attention was called to the subject by the appearance of the malady in an epidemic form at Tours, he diligently investigated its pathology in combination with his then pupils Velpeau and Trousseau, and they found a remarkable uniformity in the symptoms and post-mortem appearances, the symptoms during life being very insidious, and the presence of a false membrane in the windpipe being constant with one single exception. Bretonneau, however, was not satisfied with the results of his practical i into the nature of the disease, but he applied his mind with great industry to the solution of the question whether any such epidemic as that which he witnessed had ever existed before in the history of the world; and the result of his investigations was to convince himself that his "Diphthérite," although under different names, had existed from all antiquity, and had been described in the earliest medical writings.

The author of the present paper, while considering that the former of these propositions is probably true, does not agree with Bretonneau in the latter, because the passages in the Greek and Roman medical writers are generally too vague to afford a clear idea of the lesions they are describing, and he has failed to find in the original Greek of Hippocrates, or Aretæus, or in the Latin of Celsus, any such distinct description of the tubular false membrane in the trachea as would constitute a disease corresponding to Bretonneau's own definition of diphthérite. But that writer's references to the epidemics in Italy, Sicily, Spain, France, and elsewhere are far more successful, and prove beyond a doubt that diphthérite prevailed in an epidemic form in those countries at certain recorded periods.

Dr. Semple then proceeds to state that while he was engaged in editing and translating the memoirs referred to (namely, in 1858), he himself was called upon to investigate an epidemic of diphtheria in England, and he found an exact resemblance between his own cases and those described by Bretonneau; and he (Dr. S.), having examined some of the cases after death, presented the specimens so obtained to the Pathological Society of London, and they are described in the 'Transactions' of that Society. Dr. Semple's first impression was that diphtheria was a new disease, but as Bretonneau strenuously maintained that it was not, it was necessary to examine the historical evidence adduced, and the result was (although the investigation is a difficult one) to convince Dr. S., that Bretonneau is correct. One great difficulty in the inquiry is that although the disease has unquestionably existed, it has been described under very different names. Making allowance then for differences in nomenclature, the disease in an epidemic form is traced in various parts of the world, beginning (as far as authentic records exist) about the end of the 16th, and the commencement of the 17th century, and continuing, though at long and uncertain intervals, and in different countries, up to the present time. It has been described, for instance, as occurring in Sweden, in Spain, in New York, in Paris, in Sicily, and in Italy. But although it has visited Cornwall and the east coast of Scotland (where it was seen by Francis Home), it is very doubtful, Dr. Semple thinks, whether it has ever, *as an epidemic*, visited London, or any of the great English towns or cities before the year 1858 or 1859, and he gives reasons for his forming this opinion. But another important question arises, namely, whether, although it has not occurred as a malignant epidemic, it has not often existed, and still does exist in another form? This question Dr. Semple answers in the affirmative, and he believes *that the so-called "Croup" with pseudo-membranous exudation in the larynx and trachea, is no other than the laryngo-tracheal diphthérite of Bretonneau, and that the sporadic character of the one and the epidemic character of the other are the only real points of difference between them.* [The latter sentence is purposely italicized, because Dr. Semple believes it to contain the true clue to the solution of many of the difficulties which have beset the whole subject.] The principle thus laid down, however, namely, that *pseudo-membranous croup* and *laryngo-tracheal diphtheria* are identical, is by no means the same proposition as that "Croup" and "Diphtheria" are synonymous terms. "Croup" is a mere popular designation for any kind of rough breathing or coughing, but diphtheria has a definite meaning derived from the Greek word signifying a *skin* or *pellicle*, and in fact the word represents the pathognomonic feature of the malady. To constitute diphtheria there must be a false membrane somewhere, though not necessarily in the trachea, for it may be in the œsophagus, on the skin, &c., and it is *only* when it attacks the larynx and trachea that it can or does assume the name of pseudo-membranous croup. If there be any other disease of the respiratory organs, without false membrane, to which the name "Croup" is applied, it is *not* diphtheria.

The author adduces the following cases from his own experience in order to show typical instances of the laryngo-tracheal

retonneau. The first occurred only a week or
present paper was written. It is as follows, and
uring life are given by Mr. Steele, the resident
of the Bloomsbury Dispensary, to whom they
t that he did not inform Dr. Semple of the case
th of the patient. The very suddenness of the
light and insidious nature of the symptoms, at
r to suspect diphtheria:

—, aged two years, was admitted a patient of
Dispensary, on Thursday, March 11th, 1875,
f Dr. Semple. At three o'clock in the after-
e child, whom he found lying in its mother's
with difficulty, but not coughing, inspiration
ded, and the obstacle apparently seated in the
art of the trachea. The face was flushed, the
eak, but the skin tolerably cool. On interro-
as to the duration of the present symptoms,
that this urgent dyspnœa had only set in about
rived. The child had eaten its dinner as usual,
ith its toys on the floor, when it suddenly ran
begged her to nurse it, when the dyspnœa
Dr. S. that on the previous night the child
and was feverish; she gave it some castor oil,
it seemed better. When the child was six
ttack of bronchitis followed by hooping-cough,
up to the present time it had been thriving and
. prescribed a purgative of jalap and calomel,
ning Spiritus ætheris nitrosi and vinum ipe-
he patient again the same night, the difficulty
ome much aggravated, but without cough,
nd then thrusting its hand into its mouth,
arms in its struggles. On the following
nt was gasping for breath; the pupils were
ing blue, and the extremities cold. Dr. S.
child died, at about 3.30 p.m. Thus, the
being wrong attracted the mother's notice
ning; the dyspnœa set in on the Thursday
succumbed on the Friday.

“On Saturday (the day following the death) a post-mortem examination was made by Dr. Semple with the assistance of Mr. Steele. As it often happens in such cases, the examination was made under difficulties, and in spite of the opposition of the parents. Hence Dr. S. was able to make only a small incision and to extract only a limited part of the trachea, and he gained possession of the morbid structures only by stratagem. The body of the child was well nourished, and there was a moderate amount of fat beneath the skin. On opening the trachea and cutting upwards into the larynx the false membrane was at once visible, forming a tubular sheath in the former, and expanding into a kind of funnel in the latter, and these parts were exhibited in the prepared specimen.

Another case which occurred to Dr. S., but not hitherto published, was the following, also met with in the practice of the Bloomsbury Dispensary, and it will be observed that the symptoms, the rapidity of the death, and the post-mortem appearances were exactly analogous:

J. E—, æt. 2, a patient under Dr. Semple's care at the Bloomsbury Dispensary. The child was first seen on the 22nd of February, 1872. It had been downstairs with the mother, and had then apparently caught cold. The other children in the house were all healthy. On the 23rd the child was suffering from difficulty of breathing, with slight cough, slight stridulous inspiration, but it was very irritable, and the back of the throat and mouth were examined with difficulty. The parts, however, appeared red and swollen. The temperature was normal. Ipecacuanha wine was ordered in drachm doses, unless sickness should be produced; but this treatment was not carried out with success. On the 24th the mother reported the child to be better (perhaps because it was quiet), but when seen it was decidedly worse; the stridulous inspiration was more marked, and there was slight coma, although the child was irritable when examined, and death took place quietly the next morning. The larynx and trachea were removed after death, and a distinct tubular false membrane was found in the windpipe, extending into the larynx.

A third case, also occurring in Dr. Semple's practice, but previously published, in 1865, in the 'Transactions' of the Pathc gical Society of London,[1] was referred to here as also showin remarkable similarity in its features with the other cases. T child was three years old, also a Dispensary patient, manifesti very slight symptoms, and indeed playing and running about in t streets during the illness until the evening of one Sunday, wh suddenly cough and indications of choking occurred, and the ch rapidly died before medical aid could be procured. On post-mort examination the following day a tubular membrane was fou occupying the trachea, but easily detached from that organ, a the membrane was also found lining the inner surface of t larynx."

The author then proceeds to investigate the historical eviden as to the former existence of the disease now known as dipl theria, and he states that he has examined the original Gree and Latin passages in Hippocrates, Aretæus, and Celsus, referr to by Bretonneau, and that he does not agree with the Frenc physician that any accurate description of Bretonneau's dipl thérie exists in those ancient authors. On the other hand, h fully agrees with Bretonneau that tracheal diphtheria (of cours under other names) occurred in Spain, in Italy, in Sicily, i France, in Cornwall, in Scotland and elsewhere, and Dr. Sempl gives the dates of each visitation, and the names of the treatis in which they are described by Herrera, Fontecha, Villá Rea Sgambati, Carnevale, Nola, Ghisi, Cortesius, Wilcke, Martea de Grandvilliers, Samuel Bard, Starr, Francis Home, &c. D Semple wished it to be distinctly understood that he has personall verified, in the works of all the authors referred to, the fact th the false membrane in the windpipe is clearly indicated; an although he did not encumber the paper with quotations, h introduced one passage from Wilcke's dissertation on the disea in Sweden as an example of the descriptions in general. Anoth phase in the history of diphtheria begins about the year 180 when, in consequence of the death of the granddaughter of th Empress Josephine from the disease then called croup, prize was offered by the Emperor Napoleon for the be treatise on the subject, the chief object being to establish som

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method of cure. The prize was divided between Albers, of Bremen, and Jurine, of Geneva, but many others entered into the competition, and the whole of the essays have been published. Dr. Semple states that he has read them all, and he calls upon those who have also gone through the same course of reading to confirm his statement, that the authors have all comprehended, under the name of "croup," a number of totally different diseases, and he quotes passages from Albers in proof of that view.

The authors who wrote essays in competition with Albers were Double, Vieusseux, Valentin; and other treatises on the same subject, but not in competition, were written by Desruelles, Guibert, Carlton, and others, and the names and dates of their works are given. While the scientific features of the so-called croup were in this state of confusion, Bretonneau observed the epidemic of Tours, and by long and laborious research established the fact that the croup of Home, *i. e.* the fatal disease characterised by the presence of a false membrane in the windpipe, was the same as that which had occurred at former periods of the world's history, and was then (1818—1826) prevailing in some parts of France. The *diphtheric* character, namely, the presence of false membrane, separated the disease from the spasmodic cases now known as *laryngismus stridulus*, and from the common inflammatory affections such as *infantile laryngitis*. Bretonneau's views were adopted by nearly all the succeeding French medical writers, among the principal of whom were Trousseau, Guersant, Bouchut, Empis, Daviot, Valleix, and Rilliet and Barthez; and when the disease was established in an epidemic form in Great Britain in the years 1857 to 1860, it was admitted by British practitioners and writers that Bretonneau had accurately described its real features, and thenceforward the name he had proposed—diphtheria—passed into the current language of medical science. But it was not yet admitted that all cases of so-called *true croup*, namely, those where a false membrane was found in the windpipe, were the same as those described as tracheal diphthérite by Bretonneau, although that physician himself declared that they were identical. The author concludes the historical sketch by observing that, since 1860, diphtheria has chiefly appeared in Great Britain in the sporadic form, and pseudo-membranous croup has (by name) disappeared. In the 'Transactions' of the Pathological Society only one case of croup has been recorded since 1858, and that one was properly regarded by the members as one of tracheal diphtheria. He has seen several cases of diphtheria himself, and very many more of what is popularly called "croup;" but in determining the diphtheric character he has never omitted an examination of the fauces. If the false membrane can be stripped off with a pair of forceps the diphtheric character is manifest; if not, the weight of probability inclines to the conclusion that the case is not diphtheria.

But while diphtheria was declining in Great Britain, it broke out in an epidemic form in Italy, in the neighbourhood of Florence, and raged there with great severity. The Italian monographs and journals relating to this visitation fell into the author's hands almost accidentally a year or two ago, and, as far as he knows, the information they contain has never appeared in an English form except in papers contributed by himself, and of which he gives the dates and titles. He also refers to the original Italian monographs, which prove that the Florentine epidemic lately prevailing is the exact counterpart of those which have been recorded in former times and those which have more recently occurred in France and England, and he gives some of the statistics of the Italian epidemic in proof of this statement. But not only are the statistics of the epidemic recorded by the Italian physicians, but the real nature of the disease has been carefully studied, and the result is to confirm in a remarkable degree the views expressed in the present paper. The Italian Medico-Physical Society arrived at the unanimous conclusion that laryngo-tracheal diphtheria and pseudo-membranous croup were identical. The paper then proceeds to describe the exact nature of the false membrane which gives to diphtheria its characteristic feature, and he shows that it is not formed of a uniform fibrinous exudation, but of layers superposed over one another and consisting of epithelial scales enveloped in the meshes of a stroma presenting more or less of a fibrillated character. In reference to the assertion made by some writers that diphtheria and croup are distinguishable by the microscopic characters of the false membrane in each, Dr. Semple shows that Virchow, who is supposed to have laid down this distinction, employs the word diphtheritis in a totally different sense from that in which it is generally understood, for he includes under it hospital gangrene, cholera, and dysentery, and many inflammatory diseases of the uterus, the gall-bladder, and the intestines. But while Virchow himself employs the words diphtheritis and croup in this extraordinary manner, the subject of the relations existing between croup and diphtheria is treated in a totally different sense in the articles on these subjects contained in Virchow's 'Handbook of Special Pathology,' and Bamberger, the writer (whose article is quoted by Dr. S.) clearly regards them as the same disease. The original German and the translation (by Dr. S.) are both given in order that no mistake may be made as to Bamberger's meaning. A short reference is then made to the question whether or not the false membranes may not be due to the existence of some parasitic fungus, and the names of the authors who have discussed the subject are given, together with the dates of their memoirs. The author states that he has recently taken the specimen obtained by himself (and now shown to the Society) to the Pathological Department of the Museum of the Royal College of Surgeons of England, and has there compared it with the specimens of so-called "croup" in the collection, and has found it to present identically the same characters. The College catalogue in which these specimens are described has been published some years, and the preparations themselves were presented by John Hunter, Sir Astley Cooper, Mr. Longstaff, and Mr. Liston; but it is a remarkable circumstance that since the publication of that catalogue two recent specimens have been added, and these are described in the forthcoming new catalogue as specimens of "diphtheria." They are exactly of the same character as the older specimens.

From all the facts, historical and clinical, stated in the paper, the author has arrived at the conclusion that the history of diphtheria in its relations to croup requires to be entirely revised and re-written. The epidemic described by Bretonneau has existed in all parts of the civilised world, and has been described for the last three or four centuries by Spanish, Italian, Swedish, American, French, and British writers. The same epidemic occurred in Tours and other parts of France from 1818 to 1826, and arrived in this country about 1857, and it broke out as an alarming epidemic in Florence and other parts of Italy in 1860. The cases seen by the author of the paper are exactly of the same nature, but the case now exhibited to the Society is a sporadic one.

At the close of the discussion on the paper it was moved by Dr. C. West, seconded by W. H. Dickinson, and carried:

"That the Council be requested to consider the expediency of appointing a Committee to examine into the relations existing between the diseases commonly known respectively as membranous croup and diphtheria."

At the conclusion of the meeting Dr. Hughlings Jackson exhibited a patient suffering from a spasmodic affection of the right arm and leg. The arm was the more affected; it was constantly moving about and had been a source of trouble to the patient for eighteen months, requiring constantly to be kept controlled; and even during sleep the man was obliged to lie upon his arm to prevent the movements. Dr. Jackson said that he had brought the case down in order to elicit opinions as to the advisability of division of the nerves of the arm. Division of the median had been suggested by Dr. Weir Mitchell, but on theoretical grounds Dr. Jackson was adverse to cutting off too much of the nerve supply of the upper limb, lest the leg should become more affected. The pathological condition at the root of the affection was very obscure, and all Dr. Jackson could say was that it pointed to disease of the left cerebral hemisphere. He had seen something similar to it, but to a far less marked extent in children who had been hemiplegic in infancy.

The history of the present case was to the effect that seven years ago the man was struck on the left side of the head, the blow being followed later by right hemiplegia; the spasmodic condition, however, was of eighteen months' duration. The movements cease under chloroform, but there remains persistent contraction of the pronator muscles. Woorara had been given with temporary relief, and with the production of greater anæsthesia. It was not the athetosis of Hammond, although in was similar in some respects to it. Dr. Jackson promised to bring the results of operative measures before the Society.

November 23, 1875.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—41 Fellows and 5 visitors.

Books were presented by Mr. T. Holmes, Dr. E. Lancéreaux, Mr. Edwin Solly, Dr. John Williams, the Royal Society, the Pathological Society, the India Office, and St. Bartholomew's Hospital.

At the commencement of the meeting a communication by Dr. Pavy, "On the Presence of Sugar in Healthy Human Urine," was read, followed by further explanations and illustrative experiments, to show its existence by the appropriate tests.

The subject of this communication may be regarded as constituting a point of the deepest importance in relation both to the physiological and pathological bearings of sugar in the animal system. It, indeed, may be spoken of as one of the fundamental points belonging to physiology and pathology, and it is one, therefore, upon which no room for differences of opinion should exist.

Notwithstanding this statement, however, there are those who assert and those who deny that sugar is present in healthy urine, and the tendency of general opinion at the present time is to side with the latter class.

In the question like the one under consideration, evidences of a positive nature must be taken as outweighing any amount of negative evidence that may be adduced, and Dr. Pavy exhibited to the Society a specimen extracted from the urine of healthy persons, and showed that it gave, in a way which admits of no doubt, all the characteristic reactions of sugar. A public demonstration of this kind appeared to him the best course of procedure to carry conviction throughout the profession, and establish as an undisputed point that sugar must be ranked as a constituent of healthy urine.

When healthy urine is boiled with the copper test solution (potassio-tartrate of copper) it usually gives no reaction, but not unfrequently a certain amount of yellow reduced oxide is produced, which gives to the contents of the test-tube a greenish-yellow colour. This slight reaction must not be looked upon as absolutely indicative of the presence of sugar, for uric acid exerts some reducing influence upon the copper solution, and urates in excess may sometimes be the source of the behaviour noticeable. The reaction, however, producible by uric acid is never marked like that occasioned by sugar existing even in moderate quantity, and if an immediate and well-marked reduction of the test solution should occur on boiling, Dr. Pavy believes it may be conclusively looked upon as due to sugar. His experience enables him to state that sugar, in distinctly appreciable quantity, is transitorily present in the urine more frequently than is generally apprehended. Instances have from time to time occurred in which he has incidentally come across sugar to the extent of a few grains to the fluid ounce in a particular specimen of urine without its being discoverable again, and without there being anything to lead to the supposition of the existence of diabetes. Such being the case Dr. Pavy considered it necessary, in order to avoid the chance of sugar being derived from such an incidental source, to have the urine intended to be subjected to treatment tested previously by boiling with the copper solution. This was done with every sample taken, and none was employed that did not give a negative reaction. The urine was collected from persons belonging to the school department of Guy's Hospital. Dr. Pavy scrupulously avoided procuring any from the patients in the wards.

The following communication was then read:

On Aortic Aneurism in the Army, and the conditions associated with it. By FRANCIS H. WELCH, F.R.C.S., Surgeon, Army Medical Department, and Assistant Professor of Pathology in the Army Medical School, Netley. Communicated by George D. Pollock, F.R.C.S. (Received May, 1875.)

(*Abstract.*)

The object of this paper, in view of the discrepancy of opinion on the causation of aortic aneurism, is to endeavour, by deductions made from a series of post-mortem examinations, conducted at the Royal Victoria Hospital, Netley, to place certain features of the causation and pathology of this vascular lesion upon a basis of stability. Starting on the assumption that the aortic walls, as originally constructed, are quite capable, by their resiliency and contractility of maintaining their normal calibre, and of transferring onwards the blood current, the fatal cases of aortic aneurism among the soldiers invalided from foreign stations to Netley are sifted in their details to ascertain *what is the condition of the vessel walls which allows of their dilatation, and*

what are the circumstances which lead up to and induce this condition; it being considered that the special surroundings of a soldier's life do not militate against the conclusions arrived at as applicable to the community at large, while the more complete knowledge of the soldier's life and diseases renders deductions made from this portion of the community of greater value and trustworthiness. Thirty-four recorded fatal cases form the basis of this paper, and a summary of the morbid details is as follows:

The average death age was thirty-two years; average period of service performed by the soldier twelve years; average duration of lesion $1\frac{1}{12}$ years. In five instances the dilatation of the vessel was multiple, the largest number of aneurisms in any one case being four; and in two instances an innominate aneurism was superadded to the aortic sac. Of the forty-two sacs, six were of the fusiform variety, generally invading some portion of the aortic arch, and thirty-six were sacculated; 64 per cent. of the sacs arose from the arch (from the ascending and transverse portion in equal degree); 16·6 from the descending thoracic aorta; and 19 per cent. from the abdominal. Fibrinous deposition was all but invariably present in the sacculated variety of the disease, while in the fusiform variety it was rare if the lesion invaded the ascending or transverse portion of the arch, though generally present if seated further from the heart; it being remembered that on this point all had undergone hospital treatment, though not necessarily for the aneurismal disease. Rupture of the sac and sudden death from blood extravasation terminated the majority of the cases; in the minority the fatal process was accomplished through gradual exhaustion and pain or pressure on important viscera or air tubes; the symptoms observed during life varying with locality, but mechanically produced and anatomically explained. The condition of the heart varied; in 37·5 per cent. of the cases it was normal, in 45·8 it was enlarged, in 12·5 atrophied, in 4·1 fattily degenerated; clearly indicating an absence of relation of the aneurism to an hypertrophied and overacting viscus. The lesions (otherwise than the sac itself) observable in the bodies were capable of being arranged under two heads; (*a*) those mechanically produced by the pulsatile tumour, and (*b*) those indicative of a diathesis or general internal agency, and these latter were rarely otherwise than syphilitic.

The main object, however, of the paper being not so much to detail the disease as to inquire into its surroundings and causation, the statistics of its dispersion throughout the service are first given to show that the disease is not peculiar to climate, station, or occupation, nor connected with age or any condition of system brought about by length of service, and upon this negative basis is superadded the positive basis furnished by the morbid anatomy and life-history of the cases comprised in this paper, the deductions arrived at being placed in the form of two propositions, the first of which refers to the condition of the vessel and is as follows:

"*That the aneurismal tumours are associated with, and preceded by, a diseased condition of the contiguous layers of the internal and middle coats of the vessel—a tissue growth terminating in degeneration, which by impairing the elasticity and contractility of the walls allows of their expansion and dilatation under the tension of arterial blood pressure, whether normal or abnormally increased by any cause.*"

The term "atheroma" is regarded as an extremely unsatisfactory designation of the disease, inasmuch as it expresses one possible phase only of it, that of degeneration, and allows of the accumulation under the same nomenclature of structural changes divergent in origin and progress. Two forms of vessel deterioration are embraced by it; the one a distinct tissue growth, an endarteritis, an active lesion, having as one of its sequelæ the aneurismal sac; the other a mere opacity or occasional fatty degeneration of the inner surface of the vessel, a passive phase, followed apparently by no deleterious results between eighteen and forty years of age, the period of the soldier's service. The former being the apparently invariable precursor of aneurism in army life is chiefly dwelt upon, and the disease is then traced through its course from its commencement as a tissue growth in the contiguous layers of the internal and middle coats, to its forming firm fibrous nodular elevations which encroach on the calibre of the vessel, and these through a fatty and caseous degeneration (when it rightly comes under the designation of atheroma) to a weakening of the vessel walls which allows of their expansion under the pressure of the blood column and the formation of aneurismal sacs. It is, however, pointed out that this disease of the vessel walls does not necessarily terminate in aneurism, inasmuch as it may stop short of it by causing more or less rigidity and loss of resiliency of the aortic walls; or when seated in the ascending aorta it may so obstruct the onward passage of the blood as to lead to hypertrophy or dilatation of the left ventricle, and death through damming back of the blood current; or by extension to the aortic valve it may effect the same end, or by its roughened surface it may lead to fibrinous deposition and embolic transference to distant parts, the aneurismal dilatation being one only of certain possible sequelæ of this endo-arterial lesion. The commencement of the aorta is shown to be the most frequent site of the disease, then the transverse portion of the arch and abdominal aorta in about equal degree. In either of these or any other site selected, the disease may be found as a local patch with a complete freedom of every other part of the aortic surface. Hence the vessel diseased determines the site of the aneurism, and its extent the character of the dilatation; if general in extent and equal in degree, the aneurism is fusiform; if localised, the aneurism is sacculated; and should the inner coat of the vessel be implicated and eroded into an ulcer, then the groundwork for a dissecting aneurism is present.

The pathological chain of continuity between the aortic disease characterised by a tissue growth and the aneurismal sac is complete and unbroken, and hence the important problem in ætiology is to elucidate the exciting agencies in the development of the endarteritis of the internal and middle coat, and these are given in the second proposition of the paper, which stands as follows:—"*That these two forms of textural derangement of the aorta*" (the two spoken of as included under "atheroma") "*are dissimilar in origin and causation; that the limited passive opacity is connected with long-standing diseases of various kinds inducing a diminished vitality of the system at large; that the structural growth is in the major number of instances associated with syphilis, and in a minor degree with rheumatism and alcoholism as causations; hence it follows that as the latter phase is the com-*

mencement of that pathological sequence of events under one aspect terminating as aneurism, the means for the prevention of the aneurismal tumour must be essentially directed towards the elimination of these special exciting agencies."

The thirty-four cases of aneurism analysed stand as under:—50 per cent. in subjects saturated with the syphilitic virus, and with no other diseased conditions to detract from this deduction; 14 per cent. where syphilis was probably present but not beyond doubt; 5·8 per cent. in acute rheumatic diatheses; 5·8 per cent. with excessive intemperance; 2·9 per cent. with syphilis, rheumatism, and alcoholism combined; 17·64 per cent., with no known condition from absence of information; and 2·9 per cent. where no associated condition could be elucidated.

But as the aneurism is one sequel only of the aortic disease, a table is given to show the associated systemic conditions of the aortic lesion as exemplified in 117 cases, as follows:—46·1 per cent. in undoubtedly syphilitic subjects, 6·8 per cent. probably syphilitic but not beyond doubt, 21·3 per cent. in phthisical subjects, 14·2 with no records for determination, 5·9 with heart disease, 5·7 with various other diseases individually small. This table includes both forms of the aortic disease, the active growth as well as the passive degeneration, but shows a great preponderance with syphilis; the subjoined facts, however, separate the lesions, and place each on its proper base.

In fifty-six cases of syphilis terminating fatally through special lesions, 60·7 per cent. illustrated aortic nodulation, the major part of a severe type, and in about one third of these (*i. e.* eighteen out of fifty-six) the vessel disease had led on to dilatation more or less pronounced; that is to say, were in the infantile stage of aneurism, and required only further development to bring them under this classification. Adding these infantile aneurisms, and including one infantile aneurism subsequently mentioned as due to the acute rheumatic diathesis, to the 34 of this paper, we have a sum total of 53, and of these 66 per cent. occurred in subjects infected with syphilis, but with no other diseased conditions to neutralise the deductions arrived at on the point of causation.

Again, 106 post-mortems were taken, in which the non-existence of syphilis both from the life-history and after death data was fairly deducible, in order to view the subject from an opposite direction, and the following results come out with reference to aneurism and the aortic disease:—five cases of aneurism were present, and these are included in the aneurismal table of this paper under acute rheumatism, intemperance and no known cause. Of the aortic disease we get:—in one instance it was severe, and had led on to dilatation, in an acute rheumatic diathesis with great intemperance; in five or 4·7 per cent. the inner wall of the vessel was corrugated but not dilated, three phthisical, one alcoholism, one aortic valve disease; in twenty-nine, or 27·3 per cent., the lesion was to be included under the passive phase of atheroma, mere opacity, and of these fifteen were associated with phthisis, and the remainder with renal affections, dysentery, diabetes, scrofula, lupus, cancer, in nearly equal proportions.

Hence, then, from whatever light we regard the disease, the same feature becomes apparent, and as these aortic aneurisms are associated with syphilis to the extent of 66 per cent., and as nodular disease of the aorta is not often exemplified otherwise than with it, it becomes an incontrovertible deduction that the syphilitic virus must be regarded as a very potent cause in the development of the arterial lesion and its sequel—aneurism; but not the only one, for, as minor agencies, we must include the acute rheumatic poison and alcohol.

It would appear that this nodular disease of the aorta, this endarteritis, is one of the most frequent internal lesions of the syphilitic virus, and also one of the earliest produced; the latter feature explaining the comparative absence of gummata in the viscera in cases of advanced aortic disease, the aneurism killing before that the so-called tertiary lesions have had time for development.

It is considered that the chest constrictions to which the soldier is liable from the accoutrements, pack, &c., act as fostering influences to the diseased conditions engendered by syphilis, rheumatism, and alcoholism; these probably inducing dilatation in the deteriorated vessel when no such result might ensue under ordinary circumstances, and under such amounts of physical exertion as pertain to the civil portion of the community.

The summary of the paper is as under:

1. That in the army we have a lesion of the aortic walls characterised by the presence of a fibroid growth mainly in the internal coat, which, as a rule, ultimately disintegrates; and that this growth is connected with syphilis in a major degree, and rheumatism and alcoholism in minor degrees, as exciting agencies.

2. That this disease of the aortic coats may retrogress without producing any marked ulterior results upon the system at large, but if extensive or severe, as a rule, it is followed by one of three fatal phases,—formation of aneurism, implication of aortic valve, or hypertrophy with or without dilatation of one or more of the heart's cavities.

3. In the army there is also a lesion of the aortic walls characterised by limited opacity or fatty change of the normal textures of the internal coat; this is common to all diseases associated with prolonged general deterioration and especially lung destruction, but it does not appear *per se* to lead to ulterior results.

4. That the chest constrictions and temporary forced exertions to which the soldier is liable act as adjuvants to the aortic disease in the production of aneurisms, as fostering influences to the germs laid by syphilis, rheumatism, and alcoholism.

5. That in the adoption of preventive measures against aneurism, the attention must be primarily directed against the causes of the aortic disease, notably the suppression of syphilis, and secondarily against the conditions of dress, &c., which assist in its development.

December 14th, 1875.

Sir James Paget, Bart., D.C.L., LL.D,, F.R.S., President, in the Chair.

Present—64 Fellows and 19 visitors.

Books were presented by Dr. Wm. B. Carpenter, Mr. H. Power, Dr. Charcot (through the Clinical Society), the Literary and Philosophical Society of Liverpool, and the India Office.

The following gentlemen were elected Fellows of the Society:

Fletcher Beach, M.B.
Charles Henry Carter, M.D.
John Fagan, F.R.C.S.
Wm. T. Greene, M.B.
Wm. S. Greenfield, M.D.
Thomas C. Hayes, M.D.
Philip Sydney Jones, M.D.
Edwin Lawson Koch, M.D.
Samuel Osborn, M.R.C.S.
Robert Hunter Semple, M.D.
Waren Tay, F.R.C.S.
Herbert Tibbits, M.R.C.P. Ed.

J. Pearson Irvine, M.D., and John Knowsley Thornton, M.B., C.M., were proposed for election as Fellows of the Society.

The following communications were read:

I. A Case in which Abdominal Section was successfully performed for Intussusception in an Infant seven months old. By Howard Marsh, F.R.C.S., Assistant Surgeon to St. Bartholomew's Hospital and to the Hospital for Sick Children. (Received August 16th, 1875.)

(*Abstract.*)

An infant 7 months old, a patient of Dr. Miller and Dr. Barnes, of Eye in Suffolk, was attacked on 29th of last March, with the symptoms apparently of dysenteric diarrhœa: sickness, griping, abdominal pain, and too frequent action of the bowels. This condition was for a time relieved by medicine, but on the third day it recurred, and was then accompanied with tenesmus, and the passage of blood, and slimy mucous. The child remained about the same, but with no serious disturbance of the general health till the morning of April 11th, when the whole complexion of his attack suddenly changed, the pain became very severe, sickness frequent, tenesmus violent, and almost constant, and he grew pale and restless. Dr. Barnes found the bowel projecting two inches beyond the anus, and could see the ileo-cæcal valve at the extremity of the protrusion; while, in the abdomen, a firm cylindrical tumour was felt extending in the course of the descending colon from the left of the umbilicus to the left iliac fossa. Insufflation and the careful distension of the large intestine with lukewarm water failed to reduce the intussusception. When the child was seen late in the evening he was in a state of collapse, with a frequent, feeble pulse, and he was pale, and frequently sick. The abdomen was opened to the extent of two inches in the middle line just below the umbilicus. Great care was required to avoid wounding the intestine which protruded into the wound. The intussusception could not be reduced till it was drawn out through the incision, but then it was easily reduced. The only difficulty in the operation consisted in the return of the considerable amount of intestine that now lay on the surface of the abdomen; but this was accomplished without any great delay; and the wound was closed with hare lip pins and superficial sutures. No bad symptoms followed. Sickness ceased at once after the operation; flatus was passed on the next, and a fæculent motion on the

third day; the sutures were removed at the end of eighty-four hours, and the child was convalescent on the fourth day.

The author remarked that the interest of the case is increased if it is read in connection with Mr. Hutchinson's paper on Intussusception, published in the 57th volume of the 'Transactions;' for it confirms in a striking manner that writer's observation, that in many cases of intussusception the volvulus is neither inflamed, adherent, nor strangulated; but is like a piece of intestine lying loose in a hernial sac, and admitting of being easily reduced by an appropriate slight force. In the present case it seems almost certain that the intestine was for thirteen days merely invaginated; and that inflammation, with all its attendant dangers, set in only about twelve or fourteen hours before the operation. Mr. Hutchinson in his paper expressed his anticipation that abdominal sections would be less likely to succeed in very young children. This, however, to judge from the present circumstance, is not the case. The author concludes by referring to the necessity for the careful considerations of any particular case before the operation is performed; but he thinks it should be undertaken—if all other means have failed—1st, in acute cases of not more than twelve or eighteen hours' duration; 2ndly, in chronic cases in which there have been no symptoms of inflammation of strangulation of the intestine.

II. A Case of Intussusception in an Adult, without Symptoms of Strangulation, treated successfully by Abdominal Section. By C. Hilton Fagge, M.D., Assistant Physician to Guy's Hospital and Physician to the Evelina Hospital for Sick Children; and Henry G. Howse, M.S., Surgeon to Guy's Hospital and to the Evelina Hospital for Sick Children. (Received November 9th, 1875.)

(*Abstract.*)

The case recorded in the paper is that of a woman, æt. 33, whom Dr. Fagge was called to see in consultation with Dr. Adcock, of Abbey Street, on June 28th, 1874. She had been suffering for fifteen days from paroxysmal pain in the abdomen; and after she had complained of this for eight days, Dr. Adcock had observed a tumour which was at first situated in the right iliac fossa, but which afterwards moved over to the left iliac fossa. She had had a little sickness, but no decided constipation. The tongue was clean. The pulse was scarcely above the natural rate.

From the characters of the tumour it was diagnosed as an intussusception, and inflation of the rectum was practised the same day, but with no result.

On June 29th Mr. Howse was called in, and the bowel was again inflated with better instruments; this gave intense pain, but had the effect of altering the position of the tumour, which now lay behind the umbilicus.

On June 30th inflation was practised for the third time, without producing any change in the tumour.

On July 1st the condition of the patient was the same. She had had a slight return of the sickness in the morning, and a little pain. Her bowels had not been open since the first inflation. The tumour was still to be felt. Another consultation was held, and having obtained the consent of the patient and her husband, Mr. Howse proceeded to open the abdomen by a vertical incision opposite the umbilicus. The intussuscepted mass was readily felt; and as it could not be reduced *in sitû*, it was drawn out of the wound. Even then pulling at the ends failed, and it was only by a kind of kneading movement, with pressure upon the distal end, that reduction was effected; and it was particularly noticed that there was a little hitch just when the last part of the invaginated mass was emerging; the length of the included bowel was at least eighteen inches. All the precautions of the antiseptic method were employed during the operation and in the after treatment; and especial care was taken to prevent any considerable quantity of carbolic lotion from flowing into the peritoneal cavity.

She recovered without a bad symptom, the temperature never rising above normal, and the wound healing by the first intention. At the present time she is well, and expecting her confinement.

In this case hæmorrhage from the bowels was absent, which has hitherto been regarded as a cardinal symptom of intussusception. In their remarks the authors show that it is of great importance not to delay the operation of abdominal section until hæmorrhage occurs. The significance of this symptom has hitherto been misunderstood. It had been supposed by some writers (including Dr. Fagge) to indicate the commencement of the processes which lead to the sloughing and detachment of the invaginated part of the bowel. The authors now point out that this is a mistake; but they also show that it often is evidence of extreme congestion and swelling of this part, a condition which may destroy the patient's life in a few days, and which may render the operation of abdominal section a failure, by making it impossible to reduce the intussusception when the abdominal cavity has been opened.

III. A Second Case of Abdominal Section for Intussusception into the Colon, with Remarks on the Details of the Operation. By Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital, Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and to the Hospital for Diseases of the Skin. (Received December 1st, 1875.)

(*Abstract.*)

Mr. Hutchinson's paper consisted of the narrative of a fatal case of operation for intussusception on an infant aged six months, whom he had attended in consultation with Dr. Madge. The intussusception involved the whole length of the colon, and the ileo-cæcal valve, introverted, constituted its extremity, and was easily felt by the finger in the anus. The symptoms had been the usual ones; they had lasted three days, and the usual methods of treatment perseveringly carried out had failed. As the child was evidently about to sink, the operation was at once performed. Considerable difficulties were encountered in effecting the reduction of the intussuscepted part. Its neck was tied back in the loin by the mesocolon, and could not be brought into view; and although there were no adhesions it was found quite impracticable to draw the intussuscepted bowel out of the sheath. At length it was found that although the upper end of the intussusception was fixed, its lower one, containing the sigmoid flexure of the colon, was quite loose. This was readily brought out, and by gently pulling the sheath downwards, reduction was easily effected. The appearance of the appendix vermiformis just at the completion of the reduction confirmed the opinion formed as to the introversion having begun at the cæcum. Considerable difficulty was encountered in replacing the intestines within the abdomen, and at the conclusion of the operation the infant was in alarming collapse. It rallied, however, afterwards, took the breast, and passed a motion. Death occurred about six hours after the operation, and the *post mortem* showed evidences of recent extensive peritonitis. In connection with the fact that the child's sister had died at the same age a year ago with a precisely similar condition of things, it was of interest to note that the cæcum appeared to be quite loose, possessing a mesentery which allowed of its very free displacement. The author suggested that this condition, as a congenital peculiarity, is probably the one which admits of displacement of this special part. He stated also that one of his chief objects in bringing the case before the Society was to suggest, for the guidance of future operators, the propriety of always seeking first the lower end of the intussusception. He believed it would generally be found much easier to bring the lower end into the wound without allowing escape of the rest of the intestines. He thought it probable also that it would usually be found much easier (as it was in this instance) to effect reduction by drawing the sheath downwards from off its contents than by drawing the contents upwards from within the sheath. The difficulty in reducing by traction results from the fact that the sheath becomes puckered up into rings, which act as so many strictures upon its contents. He thought it even possible that by attention to this rule, reduction might sometimes be effected without bringing the parts externally.

Tuesday, Jan. 11th, 1876.

JOHN MARSHALL, F.R.S., Vice-President, in the Chair.

Present—34 Fellows and 2 visitors.

Books were presented by the President, Sir James Paget, Dr. H. B. Dobell, Dr. A. Leared, Surgeon-General T. Longmore, Dr. Benj. Ridge, the Director-General of the Army Medical Department, the Director-General of the Medical Department of the Navy, the Pathological Society, the Royal Institution, the India Office, and the Academy of Montpellier.

The following gentlemen were admitted Fellows of the Society:—Dr. Fletcher Beach, Dr. Charles Creighton, Mr. Samuel Osborn, Dr. R. H. Semple, and Mr. Waren Tay.

The following gentlemen were proposed for election:—Dr. Thomas Barlow, Dr. Robert Bridges, and Mr. Charles Macnamara.

In accordance with Chap. ix, Section v, of the Bye-Laws, the following gentlemen were nominated by the President as a Committee of Audit, to examine the Treasurer's accounts for the year 1875:

For the Council.	*For the Society.*
John Marshall, F.R.S., *Vice-Pres.*	A. B. Garrod, M.D., F.R.S
J. Cooper Forster, *Hon. Sec.*	H. W. Kiallmark.
Wm. O. Priestley, M.D.	C. B. Radcliffe, M.D.
Hermann Weber, M.D.	E. T. Truman.
Geo. W. Callender.	Spencer Watson.

The following communications were read:

I. Note on Pathological Absorption Spectra. By EDWARD LAWTON MOSS, M.D., F.R.C.S.I., Surgeon to H.M.S. "Alert." (Communicated from the Director-General of the Medical Department of the Navy, by J. COOPER FORSTER, *Hon. Sec.*) (Received June, 1875.)

(*Abstract.*)

Urine absorbs the shorter light waves indiscriminately, but the great range of colour possessed by various urines does not display an equally conspicuous diversity of absorption spectra, and the complicated chemical colouring matters bring none of their confusion into spectroscopic observations of fresh urine.

The spectroscope yields the earliest evidence of the hæmaturia of Bright's disease.

The existence of blood bands in the absorption spectrum of urine gives far more definite evidence than mere smokiness or albuminurin.

A case of cirrhosis of the liver, supplied a urine which for the three weeks it was watched gave a permanent absorption band, not mentioned by Thudichum. It also exhibited a well-defined intense band lying between 1700 and 2100 of Kirchhoff's scale, which became more intense as the urine became stale and more acid, and it suggested the existence in the urine of biliary products.

Experiments on the bile of animals and on meconium failed to produce any similar absorption band, but it was found in normal acid fæces: it disappeared on neutralization with ammonia, and reappeared on reacidulation, the substance yielding it seeming to be some free acid. It is soluble in alcohol, but not in ether.

These notes seem to show that the application of the spectroscope may decide whether the high coloured urine of a tropical pyrexia owes its tint to the altered bile of bilious, or the disorganized blood of yellow, fever.

II. On the Minute Anatomy of Two Breasts, the Areolæ of which had been the seat of long-standing Eczema. By Henry Trentham Butlin, F.R.C.S.. Surgical Registrar to St. Bartholomew's Hospital. (Received August 25th, 1875.)

(*Abstract.*)

The investigation of these two breasts was made on account of a supposed connection between a chronic eczema of the nipple and areola and cancer of the breast.

In each breast was found a small-cell infiltration in the vicinity of the galactophorous ducts, whilst the ducts themselves were dilated, and exhibited their lining epithelium in a condition of proliferation.

In each breast the corium and subcutaneous tissue of the areola was the seat of small-cell infiltration. The mucous layer of the epidermis was in a condition of proliferation.

In one of the breasts, in an indurated part of the gland, the acini were found dilated and filled with epithelium. The ducts were in the condition above described. Small-cell infiltration of the connective tissue was frequent.

No actual cancer structure was discovered.

III. On the Etiology of Skin Disease. By George Gaskoin, M.R.C.S., Surgeon to the British Hospital for Diseases of the Skin. (Received October 12th, 1875.)

(*Abstract.*)

This paper is intended to show the constitutional character of skin complaint, and the importance of recording the health of the patient's family as well as his personal history.

A rationale of skin disease is sought for in the hereditary dyscrasiæ which are rarely absent in the patient's antecedents, and they are generally commutable with it: this is so much the case as to suggest for adoption that law of heredity which is known as *metamorphosis of diathesis.* It is well exemplified in pulmonary and arthritic conditions; but as less recognised, it is here insisted on as found in nervous affections, such as insanity, epilepsy, imbecility, deaf mutism, and certain abnormalities and deformities.

The similarity of results from specific fevers and those of inherited transmission, suggest an impairment of vitality as best expressing the nature of skin complaint, which seems to depend essentially on want of vigour in the constitution.

Parasitic diseases are mentioned as not excluded from the influence of diathesis, and modern dermatology is accused of too exclusive an attention to the objective phenomena of disease.

Tuesday, Jan. 25th, 1876.

Sir JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—21 Fellows and 3 visitors.

Books were presented by Dr. T. K. Chambers, Dr. Austin Flint, Dr. John Harley, Dr. Hayem, Dr. O. Sturges, Dr. Waring, Professor Rizzoli, and from St. Bartholomew's and the Middlesex Hospitals.

Dr. Charles Henry Carter and Dr. Herbert Tibbits were admitted Fellows of the Society.

The following communication was read:

On the Prevalence and Fatality of Nervous Diseases. By JULIUS ALTHAUS, M.D., M.R.C.P., Physician to the Hospital for Diseases of the Nervous System. (Received November 9th, 1875.)

(*Abstract.*)

This paper, which was illustrated by numerous tables and diagrams, was based on an analysis of the Reports of the Registrar-General from 1838 to 1871, on the mortality from nervous diseases. The author commenced by remarking that a notion was now prevalent that nervous diseases, and more particularly paralysis and insanity, had for some time past been on the increase, in consequence of changed conditions of life, but that such a notion was at present entirely unsupported by facts. It was not known whether nervous diseases occurred in a certain definite proportion, or varied perceptibly from one period to another; what place they occupied in the general mortality of the nation; whether men were more subject to them than women, and at what age they were most fatal; whether large towns were more suitable for their development than the country; whether the Anglo-Saxon race was more liable to them than other races, &c. These and other problems the author proposed to elucidate by his investigations. He remarked upon the way in which the Registrar-General's Reports had been got up, passing a high eulogium upon them generally, and also pointing out certain deficiencies and discrepancies in them which he said were perhaps inseparable from a work of such magnitude, and beset with so many difficulties in its preparation.

Dr. Althaus then proceeded to answer his first question, viz. *whether the proportion in which nervous diseases occurred was a steady one, and subject to certain definite laws, to which there were no or only apparent exceptions, or whether it varied perceptibly from time to time?* It appeared from a table, in which all the deaths from nervous diseases, together with the general mortality, and the population of the kingdom had been placed side by side, in periods of five years, that the death-rate from nervous diseases had varied between twenty-six and twenty-eight for ten thousand people during six lustra. The author considered this a very steady rate, taking into account that a census is only held once in every ten years, and that the population of the intervening years has to be found by computation, which can never be absolutely correct. When, on the other hand, he compared the deaths from nervous diseases with those from all causes, thus dealing only with a number of separate facts, each of which had been definitely ascertained, there appeared even a greater uniformity in the deaths from nervous diseases, the average for thirty years being 12·26 of the entire mortality from all causes.

The author then went on to consider his second question, which was, *what rank nervous diseases occupied amongst the more destructive distempers to which mankind was liable?* The deaths from zymotic, tubercular, respiratory, and nervous diseases had been placed side by side in a table, from which it appeared that zymotic diseases headed the list with 22·90, after which came tubercular diseases with 15·94, then respiratory diseases with 14·16, and nervous affections with 12·26. It was incidentally remarked, that while tubercular diseases had considerably diminished, viz. from 20·04 in 1838 to 13·60 in 1871, respiratory diseases had considerably increased, viz. from 9·09 in 1838 to 15·89 in 1871. Nervous diseases were therefore seen to occupy the fourth rank amongst the maladies destructive of human life.

The third question was then discussed, viz. *whether the several diseases of the nervous system bore a definite proportion to the sum total of these maladies, or whether they were subject to considerable fluctuations? and whether in particular paralysis and insanity, as was commonly asserted, had increased perceptibly within the last decennia?* The table drawn up for illustrating these phenomena showed that there had been an increase in the fatality of cephalitis, which term includes all inflammatory diseases of the brain and spinal cord and their membranes, with the exception of hydrocephalus; and of apoplexy and of paralysis, the rise amounting to two per cent. for cephalitis, four for apoplexy, and six for paralysis, as between the first and last lustrum. Delirium tremens, on the other hand, appeared to be on the decline; while for chorea and tetanus, again, an increase was perceptible. Epilepsy had decidedly diminished within the last ten years, while the mortality from insanity had as perceptibly risen. The greatest fall had occurred in convulsions, or infantile eclampsia, the mortality having been 60 per cent. in the first, and only 42 in the last lustrum, thus showing a decrease of 18 per cent.; and this large diminution in the mortality from convulsions had allowed a rise to take place for the other diseases of the nervous system, without causing any perceptible alteration in the mortality from these maladies altogether. In disease of the brain, &c. a rise had taken place, and the several diseases of the nervous system could thus be arranged according to their fatality:—Convulsions, 48·70; apoplexy, 16·19; paralysis, 15·96; disease, &c. 6·98; cephalitis, 6·64; epilepsy, 3·79; insanity, 1·00; delirium tremens, ·83; tetanus, ·26; and chorea, ·10.

The fourth question was, *whether nervous diseases were, as commonly asserted, more frequent in large towns than in the country, and whether there was any apparent influence of race or climate?* A table prepared to answer this question showed the deaths from these diseases in London, the south-western counties, and Wales, for a quarter of a century; and the popular notion that nervous diseases were more prevalent and fatal in the great centres of social, professional, and commercial life than in rural districts, was thereby proved to be fallacious, for the mortality in London was the lowest, viz. 10·66; that of the south-western counties 11·20; and that of Wales the highest, viz. 15·38. Dr. Althaus concluded from this, that excess of manual labour is more exhaustive to the nervous system than excess of mental labour; and that the more nourishing and substantial food enjoyed by even the poorest classes in London as compared with their brethren in the country, seemed to more than compensate them for the advantages the country afforded as far as wholesome air and climate was concerned. The extraordinary difference noted in the fatality of nervous diseases in Wales could, however, not be explained either by density of population or climate or difference of occupation, but only by *race*. It would appear that the nervous system of the Anglo-Saxon race had greater powers of resistance to unfavorable influences than that of the Celtic race, and was better able to bear rude shocks as well as the ordinary wear and tear of life with impunity. If this were definitely proved by further researches, more especially concerning the French and Italians, as opposed to the English, Americans, and Germans, an interesting clue for the political predominance of the Anglo-Saxon race would be furnished.

The next question concerned the influence of *sex*, and it was shown that males were uniformly more liable to die from nervous diseases than females, the averages for a quarter of a century being 12·94 against 11·62. With regard to the several diseases of the nervous system, it was found that males died more of cephalitis; that the mortality from apoplexy and paralysis was almost identical for the two sexes; that the proportion for delirium tremens was of one female to eight males; that chorea was more fatal to females than males; that tetanus killed more males than females; that women were more liable to insanity than men; that infantile eclampsia was much more fatal to boys than girls; and that epilepsy and disease of the brain, &c. were likewise more deadly to males than females. The entire percentages of deaths amounted to 54 for males, and 46 for females, thus showing an excess of 8 per cent. for males.

The influence of *age* was shown by a number of diagrams, in which different excursions of a curve marked the variations of mortality in twenty-four different periods of life. An immense maximum was attained in the first year of life; a rapid descent then took place until four years of age, but the number of deaths from nervous diseases during the first lustrum of life was seen to be greater than that of all the succeeding periods of age taken together. From five to thirty years of age the mortality remained at a low ebb; at thirty-five there was a rise, which became large at sixty, and reached its maximum at seventy; but this second maximum amounted only to about the tenth part of the first maximum attained in the first year, the numbers being 2500 against 25,000. The first maximum was owing to convulsions, and the second to apoplexy and paralysis. The several diseases of the nervous system were then separately examined as far as this influence of age was concerned.

The last point considered by the author was, the *proportion of deaths from delirium tremens in the different divisions of England and Wales.* It was found that London headed the list with 100, the south-eastern counties followed with 62, the north-western with 57, the south midland with 55, the northern with 54, Yorkshire with 42, the eastern division with 41, the west midland with 40, the south-western with 39, the north midland with 36, and last of all came Wales with only 27. Dr. Althaus thought it very significant that London, where nervous diseases were at a comparatively low ebb, should consume proportionately so much more alcohol than Wales, where these maladies were singularly rife; and he asked whether a large consumption of strong alcoholic drinks was really always prejudicial for the nervous system, as had perhaps been too sweepingly asserted by many well-intentioned persons of late years; whether whisky was really "the devil in disguise;" and whether alcohol did not in many instances act as a preservative against the invasion of nervous diseases.

The author now proceeded to consider the prevalence of these diseases during life as distinguished from their mortality, and remarked that on this point we had definite information only with regard to one disease, viz. insanity, in the Reports of the Commissioners in Lunacy. From these it appeared that there were eighty-eight lunatics living to one death from insanity registered by the Registrar-General; and that of five lunatics who died, only one died from insanity, and the other four from different diseases. He thought the prevalence of cephalitis only slightly higher than its mortality; of paralysis he reckoned the living patients as twelve to one death; of apoplexy nothing definite was known in this respect; chorea was fatal in one out of a hundred cases actually occurring; in delirium tremens three out of four patients recovered, which would give four cases to each death; in tetanus the proportion was of two deaths to three cases; in apoplexy, which was but rarely fatal, he reckoned fifty living sufferers to one death; of convulsions it was difficult to speak definitely, as the death-rate from them was in the process of changing considerably. Hysteria was very prevalent, but scarcely ever fatal.

Dr. Althaus concluded his paper with some remarks on the probability of therapeutics becoming gradually able to influence the mortality from nervous diseases. He saw good reason to believe that convulsive disorders would undergo a further considerable diminution under the influence of improved treatment. Not only for epilepsy and eclampsia, but also for tetanus recent researches seemed to hold out a prospect of these diseases becoming eventually more amenable to treatment, while chorea was known to kill but rarely. Paralysis, apoplexy, and insanity, however, would no doubt always carry off large numbers of victims as long as the present conditions of our existence, with its passions and sorrows, its troubles and disappointments, continued.

Tuesday, Feb. 8th, 1876.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—34 Fellows and 2 visitors.

Books were presented by Dr. Lauder Brunton, Dr. Hilton Fagge, Dr. Radcliffe, the Registrar-General, and the India Office.

Dr. William Greene and Dr. Crawford Hayes were admitted Fellows of the Society.

The following gentlemen were elected Fellows of the Society:—Thomas Barlow, M.D., Robert Bridges, M.B., J. Pearson Irvine, M.D., Charles Macnamara, F.R.C.S., and John Knowsley Thornton, M.B. C.M.

The following gentlemen were proposed for election:— John N. C. Davies-Colley, M.C., F.R.C.S., Willoughby

Furner, F.R.C.S., Leslie Jones, M.D., M.C. Ireland, William Donald Napier, M.R.C.S., and William Harris Stretton, M.D.

The following communications were read:

I. Case of Sphacelus of the Thyroid Gland, with Recovery of the Patient. By the late GEORGE GREEN GASCOYEN, F.R.C.S., Surgeon to the Lock Hospital and Assistant-Surgeon to St. Mary's Hospital. (Received November 22nd, 1875.)

(*Abstract.*)

In this communication the details are narrated of a case in which idiopathic inflammmation of the neck, occurring in a healthy man, æt. 38, was followed by death of the thyroid body and extensive sloughing of the connective tissue adjoining. The patient made a rapid recovery, and has since experienced no discomfort of any kind from the loss of the gland.

The rarity of such cases is alluded to: the few examples which the author has been able to find have been placed upon record by various German practitioners. Lebert, in his work on 'Diseases of the Thyroid Gland,' refers to seven such cases, and gives the particulars of two in which the symptoms were almost identical with those observed in the present instance. Four of these patients recovered; and although destruction of the gland was complete in each of them, as in the case now related, not the slightest inconvenience was caused by its loss, a fact which would lead to the conclusion that in the adult the thyroid body has ceased to possess much functional importance.

II. Notes on the Bouton de Biskra (Mycosis cutis chronica, auctoris), with illustrations. By H. VANDYKE CARTER, M.D. Lond., Indian Army. (Communicated

by J. Burdon Sanderson, M.D., F.R.S.) (Received November 9th, 1875.)

(*Abstract.*)

The author, writing from Bombay, describes various specimens of the 'bouton' which had been most obligingly sent to him by Dr. Edgar Weber, Médecin-Major 3me Bataillon d'Afrique, who is quartered at Biskra. When the author visited Biskra, in the early part of October last (1874), the season proved too early to see much of this disease, but since then he has learnt that one third of the soldiers, and more than one half of the officers of the battalion, were affected. The bouton resembles the Delhi boil so well known in India, and it has also been compared with the Aleppo evil, &c.

As regards its nature and structure, at an early stage, *i. e.* a few days after its appearance, the bouton is found to be composed almost entirely of a granulation tissue resembling that of which several tumours of the skin are known to be formed. But in addition, there is the presence of a true parasitic organism, consisting of spheroids and mycelium, which occupies the distended lymphatic vessels in and around the bouton. This mycelium is described as being arranged in open and angular meshes, the free ends of the delicate filaments forming it giving off conidia which may so multiply and accumulate as to reproduce, as it were, a second micrococcoid mass not unlike that in which the original filaments probably arose. At a subsequent stage of the bouton these vegetable organisms seem to disappear, and there are found, besides pale, round and stellate granulation cells, numerous bright, orange-tinted particles, which are arranged as spherical or ovoid groups almost everywhere disseminated throughout the tissues of the tumour. It is not quite certain what may be the source and true location of these tinted bodies, but the author supposes that they represent a terminal or fructificational stage of the previous fungus, and that they are situated in the ramifications of the lymph channels of the parts affected. Drawings, arranged in three plates, accompany this description. In his remarks upon the facts disclosed by microscopic scrutiny, the author points out that the endemic limitation of the bouton

de Biskra, its seasonal occurrence, incubation period, and limited duration; its multiplicity of local manifestation and non-recurrence; its inoculability (of which evidence is furnished in an experiment of Dr. Weber's), and other characters, are all satisfactorily explained on the supposition of the parasitic origin of the affection. Reference is made to a sagacious intimation long since put forth by Virchow, and to the results of inquiries made in India on the Delhi boil; and the author gladly acknowledges the liberality of H. M.'s Secretary of State for India in Council for permission to visit (amongst other places) the Algerine provinces—a visit which has happily not proved altogether abortive, for the subject of the memoir under consideration is closely allied to like local maladies which largely infest our possessions in the East and West, and which may now be profitably studied in the light of the facts herein recorded. The inquiry is not to be prosecuted without considerable pains, and high microscopic powers are required; but that the whole subject is both interesting and important will be readily admitted. The designation of *mycosis cutis* is proposed for the bouton de Biskra, with the addition of *chronica,* to indicate a distinction from the more acute similar specific diseases already discriminated.

Tuesday, Feb. 22nd, 1876.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—32 Fellows and 3 visitors.

Books were presented by Mr. Jabez Hogg, Dr. O. Larcher, Mr. T. R. Lewis, Mr. D. D. Cunningham, Mr. C. Macnamara, and Mr. C. F. Maunder.

The following gentlemen were admitted Fellows of the

Society:—Dr. Thomas Barlow, Dr. Greenfield, Dr. Pearson Irvine, and Mr. C. Macnamara.

The following communications were read:

I. Intermittent Hæmorrhage from Malarial Influence. By Surgeon-Major J. H. PORTER, Assistant-Professor of Military Surgery, Army Medical School, Netley. (Communicated by HOWARD MARSH, F.R.C.S.) (Received December 16th, 1875.)

(*Abstract.*)

The patient was a young soldier, who, when quartered in India in 1873, suffered from a severe form of intermittent fever, followed by disease of the left knee-joint, for which amputation was performed on the 8th of July, 1875. Hæmorrhage in the form of oozing set in on the 17th of July, or ninth day after the operation, preceded by cold and hot stages resembling ague.

It was found necessary to open up the stump and apply styptics, when hæmorrhage ceased; but it recurred on the 18th, 20th, 21st, and 23rd of July, on each occasion being preceded by hot and cold stages, and on each occasion it was found necessary to open the stumps and apply styptics.

Sulphate of quinine was administered on the 23rd in doses of five grains three times a day, after which the hæmorrhage did not recur, and the patient made an excellent recovery.

II. On the Estimation of Albumen in Urine, by a new method adapted for clinical purposes. By WILLIAM ROBERTS, M.D., Physician to the Manchester Royal

Infirmary. (Communicated by Wilson Fox, M.D., F.R.S.) (Received January 6th, 1876.)

(*Abstract.*)

When an albuminous urine is progressively diluted with water, and tested from time to time with nitric acid, the opacity induced by the test becomes gradually fainter and fainter, until at length it ceases to be visible. The more albumen the urine contains, the more dilution, of course, it will require to reach the vanishing point of the reaction; and if we could fix this point with accuracy we should, from the degree of dilution required to reach it, measure the proportion of albumen in urine. But the opalescence produced by the acid fades away so gradually with increasing dilution, that it is impossible to determine, within many degrees, the point at which it ceases to be appreciable. The development of the reaction is also more and more postponed as the dilution proceeds, until at length several minutes elapse after the addition of the acid before the opalescence becomes visible.

To avoid these difficulties it was found necessary to choose an arbitrary zero to the scale. After various trials, the following procedure was adopted: to dilute the urine until it ceased to give a reaction in thirty seconds after the addition of the acid, but gave a distinct reaction in forty-five seconds. With a little practice it was found possible to strike this point with sufficient accuracy to serve as a practicable zero to the scale.

Each dilution with an equal volume of water was counted as one degree, and these degrees may be conveniently termed "degrees of albumen." Thus a urine which requires dilution with a hundred volumes of water to reach the zero reaction may be said to possess 100 degrees of albumen.

In conducting the inquiry, 5 cubic centimeters was the unit volume employed, and the dilution was carried on in vessels graduated to cubic centimeters. With English measures the fluid drachm is the most convenient unit volume, and the dilution can be carried on in vessels graduated to fluid ounces and drachms.

To ensure exact results the testing must be conducted with rigid uniformity. The test-tube must have a fixed diameter—$\frac{5}{8}$ of an inch in the present inquiry; the watch is placed on the table before the operator; the acid is added to the urine at a precise moment, and in such a way that it will sink to the bottom of the test-tube and form a distinct layer below the diluted urine. The test-tube is then held up to the light against some dark back-ground, and as soon as the faintest opacity appears above the level of the acid the time of its appearing is noted. If it appear before thirty seconds after the contact of the acid, more water is added and the testing repeated as before. Thus, by repeated additions of water and repeated testings, the zero reaction is reached, that is, an opacity coming doubtfully into view in thirty-five to forty seconds after the addition of the acid and appearing unmistakable, though still very dim, at the forty-fifth second. The degree of dilution required to reach this point is then read off, and recorded in multiples of the unit volume of urine employed. Thus, if a drachm of urine required dilution up to fifteen ounces to reach the zero reaction, the urine was recorded as having 120 degrees of albumen.

In order to ascertain the actual value in weight of albumen of each degree on the scale, a series of comparative analyses was made by the weighing method. The result of these was to show that each degree on the dilution scale corresponded to 0·0034 per cent., which is equivalent to 0·0148 grain of albumen per fluid ounce (B. P.). From these data the daily loss of albumen by the urine is easily calculated. Suppose the discharge of urine in twenty-four hours is forty ounces, and that a sample of this gave 150 degrees of albumen by the dilution method: then—

$$0{\cdot}0148 \times 150 \times 40 = 88{\cdot}8$$

The daily loss of albumen was therefore 88·8 grains.

The time required to perform an analysis by this method varies from ten to twenty minutes.

III. The Urea and Chlorides in the Urine of Jaundice. By J. Wickham Legg, M.D., Senior Casualty Physician

and Demonstrator of Morbid Anatomy in St. Bartholomew's Hospital. (Received January 31st, 1876.)

(*Abstract.*)

The author, after mentioning that on Meissner's theory of the formation of urea it might be looked for that the amount of urea in the urine of jaundice would be greatly decreased, gives the results of the analysis of the urine in ten cases of jaundice. In seven out of the ten cases the stools were colourless; the temperature was not raised in any. The jaundice was well marked in all. In most of the cases the observations were made on six consecutive days. The urea was estimated in the first half of the cases by Liebig's method; in the second half by Russell and West's process. The mean of the observations is as follows:

Disease.	Urine in c.c.	Urea in grammes.	Chlorides in grammes.
Hydatid of liver?	2234	28·387	13·801
Hydatid of liver	2790	29·574	11·36
Gall stones?	1788	27·28	12·469
Simple jaundice	1355	22·596	10·428
Cancer of liver	570	18·87	6·21
Hydatid?	1433	22·598	
Cancer of liver	1971	22·87	6·765
Hydatid?	1481	15·975	13·2743
Cancer of liver	1120	18·72	9·756
Cancer of liver?	1100	19·2	9·78

At the end of the meeting the President read a letter from the Committee of Council on Education relative to the intended Loan Exhibition of Scientific Apparatus at South Kensington, in which he was requested to announce the holding of the Exhibition at a meeting of the Society, and to ask any members who may be willing to contribute, to furnish at their early convenience a description of the objects they propose to lend on forms similar to some which were enclosed, and which could be obtained on application to the office at the South Kensington Museum.

ANNUAL MEETING.

Wednesday, March 1st, 1876, 8 *p.m.*

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—57 Fellows and 2 visitors.

The President, in taking the Chair at 8 p.m., declared the ballot for the election of Officers and Council for the year 1876-77 open for one hour, and nominated Dr. Semple and Mr. Howard Marsh as Scrutineers.

The President stated that as the Audited Balance Sheet of the Income and Expenditure of the Society for the year 1875 had been previously distributed among the Fellows, with the circular notice of the meeting, it would, with the sanction of the meeting, be taken as read [see page 52*], and the Secretary would read the Report.

The Hon. Secretary, Dr. John Harley, then read the Report of the President and Council as follows:

The President and Council have much satisfaction in laying before the Fellows the following annual statement of the general and financial position of the Society.

Twenty new Fellows have been elected; of these three were Honorary, fourteen resident, and three non-resident. Of the Honorary Fellows, two are foreigners.

ABSTRACT OF THE INCOME AND EXPENDITURE OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY,

For the Year ending December 31st, 1875.

RECEIPTS.

	£	s.	d.	£	s.	d.
Subscriptions, Fees, &c.:						
257 annual subscriptions, at £3 3*s*.	809	11	0			
17 admission fees, at £6 6*s*	107	2	0			
9 composition fees in lieu of further payment of Subscriptions	80	17	0			
Amount [illegible] Transactions,' [illegible]	6	6	0			
cost of £18	18	19	4			
	624	2	7			
Balance in the hands of the Society's Bankers, Feb., 1876	121	6	0			
				£1403	18	0

Audited and found correct, February 3rd, 1876.

JOHN MARSHALL, *Chairman*,
HENRY W. KIALLMARK,
C. B. RADCLIFFE,
GEORGE W. CALLENDER,
W. SPENCER WATSON,
J. COOPER FORSTER, *Hon. Sec.*,
} *Auditors.*

PAYMENTS.

	£	s.	d.	£	s.	d.
House Rent, Taxes, &c.:						
Ground Rent, less Property Tax	13	17	8			
Property Tax	1	13	4			
Assessed and Land Tax	8	8	0			
Parochial Rates	16	3	0			
Water Rate	8	5	0			
	[illegible]	[illegible]	[illegible]			
Proceedings, Vol. VII, Nos. 7 and 8:						
„ Paper, Printing, &c.	37	10	3			
				257	7	10
Total Ordinary Expenditure for 1875				1201	15	0
Purchase of Stock, £85 13*s*. (3 per Cent. Reduced), with Amount of Composition Fees as per contra				80	17	0
Balance in hand				121	6	0
				£1403	18	0

(*Signed*) WILLIAM WEGG,
JOHN BIRKETT,
} *Treasurers.*

These new Fellows exactly fill up the gap in our numbers caused by death during the past year. Of the deceased, two (Professor Luigi Porta, so recently elected; and Dr. G. Andral) were Honorary Fellows; nine were resident; and ten non-resident Fellows.

Six resident Fellows have become non-resident, and two non-resident Fellows have become resident.

There have been two resignations; and one erasure for non-payment.

The total number of Fellows is 650.

The following tabulated statement respecting the Fellows shows the number of each class, the number of composition fees, and annual subscriptions:

TABLE OF FELLOWS.	Honorary.		Resident.			Non-resident.		Totals.
	English.	Foreign.	Composition for Subscriptions.	Paid Subscriptions for 1875-6.	To pay for 1876-7.		Compounded for 'Trans.'	
December 31st, 1874 . . .	10	17	66	267	...	209	66	654
Elected Dec. 1873 to April, 1874, but not subscribing for Session 1874-5 . . .	...	...	...	+14				
Ditto, Dec. 1874, not subscribing for 1875-6 . . .	...	...	...	...	+11			
Deceased during 1874. . .	...	...	...	—6				
Deceased during 1875 (in Report, March, 1876) . .	...	—2	—5	—2	—2	—5	—5	—21
Paid composition fees, 1875 .	...	...	+9	—9				
Resident became non-resident	...	...	...	—6	...	+6		
Non-resident became resident	...	...	...	+2	...	—2		
Resigned from March, 1875 .	...	...	...	—2	...	...	...	—2
Erased for non-payment . .	...	...	...	—1	...	...	...	—1
Elected 1875 (Feb. and April)	+1	+2	...	...	+5	+2	...	+10
Ditto, 1875 (Dec.)	...	...	...	...	+9	...	+1	+10
Totals, Dec. 31st, 1875 . .	11	17	70	257	+23	210	62	650
				350		272		

On comparing these figures with those of the last five years, it will be seen that the number of resident Fellows, upon whose subscriptions the chief portion of the income of the Society depends, has varied but slightly; but it will also be observed that there has been a progressive, though slight, diminution of income from this source. Happily this diminution is due to the longevity of the Fellows. Every Fellow who has paid thirty annual subscriptions may compound for all future ones by a single payment of five guineas—a sum which does not cover two annual subscriptions.

The number of these final composition fees has of late been increasing, and will do so for some years to come. This subject deserves the consideration of the Society.

The facts above stated will be apparent from the following table:

Year.	No. of Resident Fellows.	No. of Subscriptions.	No. of Compositions paid.
1870	360	301	
1871	357	296	4
1872	351	285	6
1873	351	277	9
1874	352	267	9
1875	350	257	9

The Balance Sheet for the past year very closely resembles its immediate predecessor. It exhibits no extraordinary charges; and after a liberal expenditure, a surplus equal to nearly $\frac{1}{12}$ of the total ordinary income. Rather more than three fourths of this surplus has been funded, and the remainder, added to the balance in hand from the previous year, gives a balance for the present year of £121 6s.

The funded property has increased from £2888—the amount standing, after the extraordinary expenses incurred in giving the Society the increased accommodation so highly appreciated by the Fellows—to £3099.

The Marshall Hall fund, now three years old, has increased from £566 10s. 3d. to £624 2s. 7d.

The ordinary expenditure shows but slight variation, and this in only one or two items.

Thus the amount for "lighting, warming, &c.," has decreased to the extent of £5, and the amount paid for new books exceeds that of last year by £30 10s.; but the sum total is a few pounds less than the average of the preceding four years.

Turning from this satisfactory condition of the finances to other matters, the Council, to satisfy a want expressed by some of the Fellows, recommended to the Society that in future *Fifty* copies of each communication printed in the 'Transactions' be presented to its author, instead of *Twenty-five,* as at present allowed; and that Chap. XIV, Section iv, of the Bye-Laws be altered accordingly.

At the suggestion of certain Fellows interested in the inquiry, the Council have appointed a committee to examine into the relation existing between the diseases commonly known respectively as membranous croup and diphtheria; and the following gentlemen have been nominated to, and have accepted the appointment of members of the committee:—Dr. Charles West, Dr. Dickinson, Dr. Semple, Dr. Gee, Dr. Hilton Fagge, Dr. Payne, Mr. Howse, and Dr. J. Harley (Hon. Sec.).

A period of twenty years having elapsed since the publication of the last Catalogue of the Society's Library, the Council propose shortly to undertake the printing of a new edition of the Catalogue, in order to include all the books added to the Library during this period. They also propose to print a new edition of the "Subject Index" to the Catalogue, so that both may appear simultaneously. Both Catalogue and Index are being prepared for press, and in the latter a rearrangement of the names under each subject will be made in chronological instead of alphabetical order, which will render the Index of far greater use and value to the Fellows. The preparation of a work of this magnitude will necessarily occupy many months.

The Honorary Librarians report that the additions to the Library of the Society during 1875 have consisted of 567 works (including pamphlets, but not continuations of transactions or journals); and of that number 300 have been presented, and 267 purchased by the Society. Of the same total number, 281 are foreign works, and 286 English.

It was moved by Dr. Semple, and seconded by Mr. Howard Marsh:

"That the Report of the President and Council, with the appended audited Account of the Treasurer of the Income and Expenditure of the past year, just read, be received, adopted, and printed in the 'Proceedings,' with the exception of the paragraph relating to increasing the number of 'private copies' of papers, which was to be separately considered."

This motion being carried unanimously, Dr. Tilt moved the following resolution, which was seconded by Dr. F. G. Turner, and also carried unanimously:

"That in future fifty copies of each communication printed in the 'Transactions' be presented to its author, instead of twenty-five as at present allowed; and that Chap. XIV, Section iv, of the Bye-Laws be altered accordingly."

The President then addressed the meeting as follows:

GENTLEMEN,—The Report which has been read tells of all the events in the past year which it is the duty of your Council to relate; and they are very few. The past has not been an eventful year in the history of the Society. The usual work has been done; valuable papers have been read; a few have been fully discussed; a good volume of 'Transactions' has been published; and the Society has maintained the excellence of its Library and other means of study for its Fellows. Thus, in the seventy-first year of its existence, the Society has fulfilled the purpose of its foundation. But the year has brought me no other subject for the annual address than that of the friends and fellow-workers whom we have lost. I have no other duty than to read an "In Memoriam."

Dr. George Robinson, the first who left us, was born at Newcastle-on-Tyne in 1821, and was educated at Shrewsbury. He was a pupil of Mr., afterwards Sir John, Fife, and his school-studies were at Paris, Newcastle, Edinburgh, and finally at Guy's Hospital. Here he greatly distinguished himself, and in 1842, while yet a pupil, published his first work. He became a

Member of the College of Surgeons and a Dr. of Medicine at St. Andrew's; and after practising for a short time in London; and lecturing on pathology in the school adjoining St. George's Hospital, settled at Newcastle. He there became Physician to the Dispensary and the Fever Hospital, and had fair success, and did good by his vigorous promotion of sanitary measures which he urged in practice, and in a very earnest lecture,* and with his influence in the town-corporation, in which he became a member and served the office of Sheriff.

In 1847, Dr. Robinson was Joint-Lecturer on Materia Medica and Forensic Medicine in the Newcastle Medical School, and in 1859 Lecturer on Medicine; but soon after this time his health began to fail and he was obliged to live abroad. At the close of last year he returned to England, evidently suffering with aortic disease, and, with pneumonia supervening on this, he died on the 10th of March.

Dr. Robinson was the author of some works of remarkable ability. The first was published when he was barely twenty-one, and, as I have said, while yet a pupil at Guy's. It is 'An Inquiry into the Nature and Pathology of Granular Disease of the Kidney,' 8vo, 1842, and in it he showed that increased blood-pressure in the renal vessels is sufficient to produce albuminous urine. He maintained that all the facts observed in granular disease "may be reconciled with the supposition of the different forms of that disease being identical with so many various degrees of inflammation of the organs."

Whatever may be the defects of this essay in the view of modern pathology, it is at least a very remarkable instance of earnest study and good writing, and it was the beginning of a long course of work in illustration of its dominant idea. In the next year a paper, presented by Dr. Marshall Hall, was published in our 'Transactions' (vol. xxvi). In this Dr. Robinson relates experiments on the blood-vessels of the kidneys, which led him to the belief that exudations of albuminous and fibrinous fluids and of blood, whether in inflammation or in congestions artificially produced, are due wholly to the pressure of the blood within the vessels. Papers on similar subjects were published in the 'Lancet' and 'Medical Gazette,'* and one was read here in 1854; and these with two more were published in one volume, as 'Contributions to the Physiology and Pathology of the Circulation of the Blood.'† The work is even now a very interesting one. It is chiefly devoted to the maintenance of "the doctrine which recognises in the local increase of the blood's lateral pressure the essence of the disease termed inflammation." The doctrine would not find much favour now; for it leaves out of account all other factors of inflammation, the changes of nerve-force, the various conditions of the contractile walls of the blood-vessels, the changes of the blood, and of its relations with tissue-elements; things which, if they are mentioned at all in these essays, are set aside as doubtful, or too mysterious to think of, or at best subordinate to that which is merely mechanical. But it would be hard to find better essays in which to learn what may be said in support of a mechanical explanation of secretion and of all the methods of exudation. And plain as may seem to us the inadequacy of such a doctrine of inflammation, yet I venture to think that the book might even now be usefully studied, when the merely mechanical part of complex morbid processes is too readily overlooked. And, certainly, they who study it will think well of its author, if, while they consider the weight and fulness of his arguments, they will observe how he worked without the luxury of apparatus with which physiological inquiries are now conducted.

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* 'On the Sanitary Condition of Newcastle-on-Tyne,' 8vo, 1847.

The other works by Dr. Robinson seem to have been dictated less by the choice which led him to his first and best essays than by the circumstances of his practice. I need not now dwell on them;‡ but they would confirm one in the belief that he deserved a larger measure of success in practice than he obtained. He certainly was a man of rare mental power, with a natural impulse to original inquiry and a natural capacity for it; he knew his profession well; he was a good writer and a good speaker. But he engaged in local politics, and in opposition to the local chief authorities; and before he was forty his health failed, and he was forced to retreat from the field.*

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* 1843-4-6-7.

† 8vo, 1857.

‡ They include, "A Case of Biliary Fistula," in the 35th volume of the 'Transactions;' 'Observations on Recent Cases of Poisoning,' 8vo, Gateshead, 1856; 'On the Prevention and Treatment of Mental Disorders,' 8vo, London, 1859.

The next death was that of *Dr. James Cameron Cumming*, a Doctor of Medicine of Edinburgh since 1827. He practised for many years, chiefly as an Obstetric Physician, in Lowndes Street and Cadogan Place. He retired from London and from active life in 1871, and died last March at Exeter. He was seventy-two years old, and a Fellow of our Society since 1851.

Dr. George Canney practised as a physician at Bishop Auckland, where he was born in 1820. He studied at University College, and was House-Surgeon to its Hospital. He received his degree of Doctor of Medicine at Lambeth, was a Fellow of the Royal College of Surgeons, and became a Fellow of this Society in 1852. He had a large and wide-spread practice, which he conducted enthusiastically, consuming himself in its duties. He worked to the very last; and on the 1st of April, after his last day's work, died in his sleep.

Dr. Canney's chief publications were on the removal of polypous tumours of the uterus, and on a case of successful manipulation and reduction of an uterus long inverted. This paper led to a controversy with Dr. Tyler Smith, the memory of which I shall not stir.†

Mr. John Daniel Hill, Fellow since 1868, was a son of a clergyman and a pupil at Guy's Hospital. Shortly after obtaining the membership of the College of Surgeons he became House-Surgeon to the Royal Free Hospital, and after seven years' service was elected to the full surgeoncy. In both these appointments he worked with great zeal and had crowds of patients. He had more, one may think, than he could usefully study; yet to these he added still more in the surgeoncy to the Orthopædic Hospital and to the 1st Middlesex Artillery, and in a considerable private practice which he quickly gained through his reputation in the neighbourhood of his hospital.

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* Memoir in the 'Lancet,' May 8th, 1875. Note from Dr. Philipson.

† Notices in the 'Lancet' and the 'Medical Times and Gazette,' April 17th, 1875. Notes from Mr. Jepson and Dr. West. The papers referred to are in Ranking's 'Half-Yearly Abstract,' vol. xvi, 1853, and 'British Medical Journal,' June 16th, 1866.

In all that he undertook Mr. Hill worked vigorously. Especially, he practised very frequently some operations to the study of which he devoted himself, and in which he was very dexterous. Between 1868 and 1871 he exhibited at several of our meetings cases of successful excision of the elbow, the knee, and the ankle-joints. He published the records of no less than 140 cases of urethral stricture, of which 120 were treated with rapid dilatation.* Sixty times, I believe, he treated varicoceles with ligature. Many other results of his practice were published in medical journals, and in our 'Proceedings,' and in those of the Pathological Society.† They all indicate an intense and almost restless activity in practice, and if we may think that he appears to have allowed himself barely time enough for careful study and reflection, we may well excuse this as the natural fault of a young and active mind finding itself free in what must have seemed a boundless field of facts. Time would have corrected the fault, for Mr. Hill was an honest inquirer; but time failed; he had given fair promise of a great success, but the promise could not be fulfilled. He died on the 14th of April, when only 37, of erysipelas incurred, we may believe, in his hospital-duties.‡

Mr. Edwin Sercombe, who had been a Fellow of this Society since 1856, was born in 1826 at Exeter, where his father was a merchant. He died on the 14th of last April. In 1844 he was apprenticed to Mr. King, a dentist in Exeter, and in 1849 he began to practise dentistry in Albion Street, Hyde Park. In the following year, he entered as a pupil at St. George's Hospital; and in 1853 became a Member of the College of Surgeons. Succeeding to Mr. Nasmyth, in Brook Street, he soon gained a very large practice, and this he held and increased till near the close of his life. For thirteen years he was Dental Surgeon and Lecturer at St. Mary's.

Mr. Sercombe was a resolute man of good sense, energetic and self-reliant, yet gathering knowledge from all who had it. He loved to grapple with the difficulties of his profession, and gained the confidence of those about him by showing that he was or, if possible, would become fit for whatever he took in hand. Besides, he was fond of his profession and proud of it, and freely gave for its advancement both time and money. He was one of the most active supporters of the Odontological Society, and, in the last year of his life, its President. He was equally active in the promotion of the Dental Hospital, and was always ready to exercise for it the same strong will and clear judgment that gained him his place among the first dental surgeons of his time.

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* 'Analysis of 140 Cases of Organic Stricture,' 8vo, 1871.

† For years 1869, 1870, 1871.

‡ Notice in the 'Lancet' of April 17th, 1875, and notes given to me by Mr. De Méric.

Mr. Sercombe published many papers in the 'British Journal of Dental Science,' in the 'Transactions' of the Odontological Society, and other periodicals. Those by which he will be best remembered are on the construction of artificial palates, and remarkable instances of his success in this art are described in the 39th volume of our 'Transactions,' and in the 2nd of our 'Proceedings.' *

Dr. Joseph Ridge was born at Tottenham, and educated, till he was sixteen, at Edmonton. He was then apprenticed to the Messrs. Toulmin, of Clapton, and at the close of his term entered at Guy's Hospital. Here, in and about 1834, he was among the most earnest students, constant in his work both in the wards and in the pathological theatre. After completing his course at Guy's he studied in Paris, chiefly under Louis and Andral, and then spent his life in practice as a physician in London. He became a Member of the College of Physicians of London, and a Doctor of Medicine of Glasgow in 1838, and a Fellow of our Society in 1843.

Dr. Ridge had a good working knowledge of his profession, and never ceased to study it in a resolute and scientific spirit. Of this he gave evidence in several published papers; especially in his 'Observations on the Life, Disease, and Death of John Hunter, in elucidation of Gout and Angina Pectoris,' 8vo, London, 1855; and in a "Case of Strangulation of the Jejunum released by Gastrotomy."* These are laborious, careful essays, showing a scrupulous anxiety for the complete study of their subject-matter.

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* Memoir in 'British Journal of Dental Science,' May, 1875, vol. xviii. Note from Mr. Coleman.

† 'Association Medical Journal,' 1854.

All Dr. Ridge's friends, and he had many, esteemed him not only for his dutiful anxiety to fulfil all the tasks of life, but for his courtesy, his heartiness of friendship, and his complete honesty. His death, on the 12th of July, was almost sudden; the agony of gall-stones killed him in twenty-four hours.*

Sir Charles Locock was born in 1799, the youngest son of a well-esteemed general practitioner at Northampton. He studied his profession at Edinburgh, and Syme was his fellow-pupil and very intimate friend. He took his M.D. in 1821, and soon after came to London and attached himself to St. George's Hospital and the General Lying-in Hospital, of which he was House-Surgeon for a time while Gooch was its physician. He started in practice in this street, where Gooch also lived; and was for some years Lecturer on Midwifery at St. Thomas's, and Physician to Queen Charlotte's Lying-in Hospital. For about a year also, in 1834-5, he lectured at St. Bartholomew's, where he more than pacified a class which had been in rebellion against his two predecessors. He was elected into our Society in 1824.

Sir Charles Locock's association with Dr. Gooch was the chief help to his advancement into the highest rank of his profession. There were two whom Gooch introduced into practice, Robert Ferguson and Locock, and we may believe they obtained his approval by very different kinds of fitness; the one by attractions of person and courteous manner, by literary skill and facility of various learning; the other by his activity and energy, his ready good sense, and his love of minute technical knowledge. It might have been doubtful which would have attained the highest success; but Robert Ferguson gradually left the practice of midwifery and went into the broader paths of medicine, and Locock had the lead when the lead was all-important. In 1840 England looked for the highest obstetric skill for the safety of the Queen. Dr. Locock was selected; and he attended Her Majesty at the births of all her children. He was rewarded by many proofs of Her Majesty's approval and constant confidence, and the last honour of which he could be conscious was conferred on him when the Queen visited him on his dying bed, and proved to him the regard which his wise and loyal care had earned. Such a proof of gracious friendship must have been to him like an after-glow. When his sun had gone down and there seemed in this world only coming darkness, light flushed again, and in the light he died.

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* Note from Mr. Chapman, of Tooting.

But Sir Charles Locock's reputation was not in the Court alone, or only in the higher classes of society. He was largely consulted by all classes, and he worked very hard in practice. His repute and merit were acknowledged by honours of many kinds. He was made a Baronet in 1857; President of this Society in the same year; in 1864 a Fellow of the Royal Society, and a Doctor of Civil Laws at Oxford. He gradually retired from practice, rich as well by his large earnings as by marriage, and of late years spent part of his time at Binstead House, near Ryde. Both there and in London he thoroughly enjoyed his associations with the crowd of friends whose regard he had won; but in the last two years his failing health compelled him to be at rest. He died July 23rd.

It is always useful to discern the qualities by which a man attains the first place in the competition of his profession. How did Sir Charles Locock attain it? In his address from this chair, in 1858, he said: "For many years I have been too much engrossed with the more active duties of my profession to be able to devote myself to those labours which might have increased, if not enriched, our stores of medical literature; and I have felt that I had neither strength nor health enough to have attempted both departments. . . . But I trust that when a future President gives you a little sketch of my biography, in the list of the Fellows who have died during his year of office, he will at least be able to say that I have done nothing to forfeit your good opinion, that I have honoured and loved my profession, and that I have been grateful to the Almighty for the many undeserved blessings I have received."

Surely I may say of him this, and more than this. It is true that he was not learned, had little scientific power, did not even study in the higher ranges of our sciences. But his success was well deserved, for he had great power of work, and was active and unsparing of himself in his devotion to his duty; he had a quick keen insight, and a large and ready store of knowledge for the daily needs of his practice. Besides, he was skilful in his use of knowledge; his beliefs were strong; all that he believed he felt sure of; and with clear plain speech he would so express his surety as to make most of those he spoke to believe that he must be right. He gathered knowledge from all quarters; from the honest and dishonest, from high and low; if only he thought that it was knowledge he could do good with, he cared little whence it came.

Doubtless, Sir Charles owed some of his success to his social qualities. He was a very amusing companion, light hearted and genial, a pleasant, vivid talker, a lover of news, a good story-teller. Thus, without effort or design, he became a general favourite both in the profession and in society. But if we must admit that these qualities often raised a prejudice in his favour, it is as certain that the prejudice soon gave way to a yet more favorable calm judgment when it was seen how fit he was for the daily duties of his calling; how patient and watchful; how gentle in his sympathy with grief; how calm in the midst of others' fear; how joyous in their joy.

Sir Charles Locock published no considerable work, and took little or no part in public or official life. His necessary duties were laborious, and his health was seldom robust; when he could escape from work he amused himself and his friends. The Presidency of our Society, which he held from 1857 to 1859, was, I believe, the only office that he undertook; and of his writings the chief are a paper in the 31st volume of our 'Transactions,' and some articles on diseases of women in the 'Cyclopædia,' and the 'Library, of Practical Medicine.'

They are all marked by an excellent simplicity of style, and by moderation in opinion, but are far less impressive than, I believe, his oral teaching was. But for one thing, at least, Sir Charles Locock's name may remain long in medical history; he introduced the use of the bromide of potassium in epilepsy.* I fear it must be admitted that science had as little to do with his discovery as with that of many of the best therapeutic means we yet possess. He thought the Bromide likely to be useful in cases of ovarian excitement, and therefore gave it in some cases of hysterical epilepsy, and thus led to its being found useful in cases for which he had not designed it. It was such a discovery as may fall to the lot of any one among us who is, as he was, always on the alert, watchful and hopeful. And it may be a lesson against utterly despising even that which may sometimes be an unwise credulity. Many a man's scepticism has averted mischief; but I doubt whether it ever did so great positive good as the finding that bromide of potassium is very useful in many cases of epilepsy.*

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* Reports of discussion in this Society in the 'Lancet' and 'Medical Times and Gazette,' for May 23rd, 1857.

Mr. William James Clarke, who died on the 25th of July, 1875, was born in 1815, at Ellerton, near York. In 1837 he was appointed House-Surgeon to the Huddersfield Infirmary, being at that time a Licentiate of the Society of Apothecaries. In 1839 he became a Member of the College of Surgeons, and in 1840 commenced general practice in Huddersfield. In 1851 he was elected Surgeon to the Infirmary, an office which he held till 1874, when the beginning of his fatal illness compelled him to leave his work and home.

Mr. Clarke was a good example of a large group in our profession, of whom I believe we justly may be proud. In a memoir of him in the 'Lancet' he is called "an excellent all-round practitioner." He was a well-informed general practitioner, a man of sound knowledge, and plain good sense, who acquired a right to be self-reliant, and could be trusted to deal with whatever might happen in a broad range of practice. He represented our profession in one of its best aspects, as able and willing to do good anywhere and at once; and to his ability in practice he added the social influence of integrity and kindness to the poor.

We can hardly desire anything better than that the number of such men should be increased by all the means of education within our power. Indeed, I venture to believe that the chief object of education in our large medical schools, and of most of our examinations, should be the training of such men as this was.*

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* Notices in 'Lancet' and 'Medical Times and Gazette,' July 31st, 1875. Note from Dr. Cape.

Luigi Porta, one of the last elected of our Honorary Foreign Fellows, was born at Pavia on the 4th of January, 1800, and died there on September 10th, 1875. His parents were poor, and his father died while he was yet very young; but with the help of a good friend, who observed in him an unusual love of study, he was educated in a gymnasium, where he showed himself excellent in mental power and devotion to his work. At an early age he became a pupil of the Medical Faculty of the University of Pavia, and made himself notable by constant study and a singular gravity and even severity of life and manners.

In 1822 Porta took the degree of Doctor in Surgery and, in the following year, received from the Austrian Government, on the recommendation of the Medical Faculty, a nomination for the completion of his surgical studies in Vienna. In 1826 he returned, with his surgical diploma, to Pavia, still obscure and very poor, yet resolved to make for himself a name and good renown. He competed for the Chair of Obstetric Medicine, but was not elected.

From 1829 to 1832 he was surgeon to foundlings and lying-in women in Milan, and during this time was in concours for the Chairs of Clinical Operative Surgery at Padua and Pavia. He was elected to that at Pavia in 1832, and retained it to the end of his life. He taught both surgical pathology and operative surgery for about twenty years, and then only the latter. In 1872 he was nominated President of the Medico-Chirurgical Faculty of his University, and in this office he died.

Porta was elected a Foreign Fellow of this Society in 1875, after having received similar honours from the chief medical and scientific societies of nearly every metropolis in Europe.

For twenty years after his election to the Professorship in 1832, Porta seems to have employed himself almost entirely on his lectures. In 1827 he had published a translation of the surgical works of Walther, of Bonn; but his next work did not appear, I think, till 1847. It is an essay on the inhalation of ether, and appears to have been the first of a series of works, more than forty in all, on various subjects suggested chiefly by the progress of surgery.

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* Notices in 'Lancet,' Aug. 7th, 1875, and in 'Huddersfield Journal.' Note from Dr. T. K. Clarke.

The most important are those on the wounds and repair of arteries, the chief of which was published in 1845.* He relates—Mr. Spencer Wells has told me—his observations on (1), what becomes of ligatures of different materials when abandoned on an artery; (2), what alterations an artery passes through after different methods of ligature and torsion; (3), what changes in the circle of arteries follow obliteration of the principal trunks.

The experiments upon the relative values of catgut, silk, and hair, as materials for ligature, anticipated many of the questions still under discussion; and the chapter on the torsion of arteries contains an account of a most careful experimental investigation leading to the conclusion that torsion is a perfectly secure method of closing the smaller arteries after their division. The question with regard to the larger arteries was then unsettled.

In the researches upon the collateral circulation established after the obliteration of the principal arterial trunks, he showed many new facts on the direct anastomosis by vessels running between the closed extremities of the divided trunk; and in a later work he described new and direct anastomosing vessels within the clots of an obliterated artery.

No one, says Mr. Spencer Wells, can study this work of Porta without a strong impression of his great industry and extreme care as an experimenter. And the same qualities are shown in all the other of his works that I have been able to see. For instance, in his essay on 'Sebaceous Follicular Tumours,' he gives an account of no less than 384 cases of superficial cystic tumours which he had collected in his practice. And the like abundance and care of observation are shown in his last works. In one on 'Epidermic Grafting of Wounds,' published in 1873 (when, observe, he was 73 years old), he reported the results of 2516 graftings; and in another, 'On the Administration of Chloral,' he tells its effects on 155 patients, including many in whom he injected it into hydroceles and cysts. And, to the last, he was not averse from novelties; for in 1874 he published an essay on the Radical Cure of Varix by injections of Chloral Solutions into the Dilatations of Veins, a method which, I think, he invented, and of the value of which he had fully persuaded himself.

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* A very full critical analysis of it is in the 'British and Foreign Medical Review' for July, 1846.

It is not surprising that a writer so observant and laborious should gain high repute both in his own country and abroad. But Porta had other good qualities besides those proved by his writings. He was a fluent, fervent lecturer; a dexterous and bold operator; a careful teacher; an industrious collector.

He founded the Porta Museum, in 1860, with a gift to the Government of more than 1000 preparations of surgical anatomy and physiology, and numerous drawings. Besides, he travelled much, and read much, and had large knowledge not in surgery alone, but in history, geography, and statistics. And he was a thorough Italian and a patriot. Even while Pavia was Austrian, in 1848, he served as Surgeon-in-Chief under the Provisional Government of Milan, in the camp of Charles Albert; and in 1859 he was Director of the Military Hospitals at Pavia. He was rewarded by many and distinguished honours conferred in and after 1860 by the Italian Government; and his patriotism was brilliant in the close of his life, for he left the whole of his property, except some legacies to friends and servants, to his University, hoping for its restoration to its old splendour and completeness.

Porta's life may be usefully studied as a strong instance of self-help. It began in poverty and obscurity; it ended in wealth and renown; and yet, if we except the good friend who provided his first schooling, there were few that helped him, and to the last his friends were few. For, to the last, his biographers say, he was grave and hard in manner, reserved, averse from society, at times rough and even violent; but they also tell that he was a man of iron will, dutiful, frank, and upright. Surely there are too many who, while they watch the tide in the affairs of men, are content to wait for the flood that may lead on to fortune. The better men are they, like Porta, who have wills too strong to ait; who take to the stream with oars or sails, or whatever may come near to hand, and fight it even at the ebb of poverty and ill-will; then, in the slack tide of tolerance, they patiently sail; and they are far on their way when the flood of general favour comes and helps them to the highest honours they can win.*

Mr. George Lewis Cooper, who died, at the age of 65, on the 17th of September, had been one of our Fellows since 1841. He was a nephew of Mr. Samuel Cooper, the well-remembered author of the 'Surgical Dictionary and the First Lines of Surgery;' and after education at Harrow, lived with him while studying at St. Bartholomew's and University College. He studied, also, at hospitals in Paris, and became a member of the College of Surgeons in 1834. He assisted his uncle in the duties of several appointments which he held in addition to his professorship and surgeoncy to University College Hospital, and on his death succeeded him in the office of Surgeon to the Bloomsbury Dispensary. He was also Surgeon to the National Vaccine Institution, and Teacher of Vaccination in University College.

Mr. George Cooper contributed many papers to medical

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* Porta's chief works are—

Delle alterazioni patologiche delle Arterie par la legatura e la torsione	*plates*, 4to. Milano, 1845
Delle Malattie e delle Operazioni della Ghiandola Tiroidea	*plates*, 4to. ib., 1849
Delle Ferite delle Arterie	4to. ib., 1852
Delle Malattie interne riverberate, da operazioni, e Malattie Chirurgiche locali esterni	4to. ib., 1854
Dei Tumori follicolari sebacei	*plates*, 4to. ib., 1856
Della Litotrizia	*plates*, 8vo. ib., 1859
Delle Lussazioni delle vertebre	4to. ib., 1864
Dell' Autoplastica	4to. ib., 1866
Della Varice aneurismatica	4to. ib., 1867
Dei recenti progressi della Chirurgia Italiana	8vo. ib., 1867
Dello Strappamento incruento delle Grandi Arterie	4to. ib., 1870
Della Amministrazione del Chloralio	4to. ib., 1870
Della Preparazione del Labirinto Osseo	4to. ib., 1871
Delle' Innesto Epidermico delle Piaghe	4to. ib., 1873
Della Cura Radicale delle Varici	4to. ib., 1874

Many of these are published in the Memorie del Reale Istituto Lombardo.

A complete list is in the 'Commemorazione del defunto Senatore Luigi Porta,' Pavia, 1875, from which I have derived the chief facts concerning Porta's life.

journals, and for the new edition of the 'Surgical Dictionary' he revised many articles, and wrote his uncle's life. He contributed to the 49th volume of our 'Transactions' a paper on "Atrophy of the Muscles of the Extremities from Disease of the Spinal Cord," to which was appended an account of the examination of the diseased parts of the cord, by Mr. Lockhart Clarke.

I am sure I shall express the minds of all who knew him if I say that Mr. George Cooper was a very amiable gentleman, and a careful surgeon.*

Dr. William Richardson was born at Perth in 1811. He graduated as M.A. at Aberdeen, and soon after became a Member of our College of Surgeons. He practised in Oxford Terrace and Radnor Place, and was elected a Fellow of our Society in 1849. In 1855 he went to Tunbridge Wells, and quickly gained there a good practice and good repute. And these were scarcely disturbed when, in 1860, he became the subject of diabetes in a very active form; for by careful diet and exercise he kept his disease completely under control for many years. Moreover, he studied the disease very carefully, and in 1871 published his 'Remarks on Diabetes and its Treatment,' a work which I think may well be studied as a careful record of a strongly marked case of the disease by one who could compare his own condition with that of many who consulted him. He seems to me to have justly discriminated the several forms of disease bearing the one name, and to have shown how each form may need an appropriate modification of the generally approved treatment.

Dr. Richardson returned to London in 1868, and lived in pious retirement till his death, on the 18th of last September.†

Mr. Henry Thomas Chapman was born in 1806, at Ampthill, the elder son of Mr. Thomas Chapman, a surgeon in good practice who lived to the age of 94. He studied at St. Bartholomew's, and after being House Surgeon there, visited some of the Continental schools, and learned orthopædic surgery under Stromeyer. He practised for many years in Lower Seymour

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* 'British Medical Journal,' October 2nd, 1875. Note from Dr. Semple.

† Notice in 'Lancet,' November 13th, 1875.

Street, was for a time Surgeon to the St. George's and St. James's Dispensary, and for a time Lecturer on Surgery in the school adjoining St. George's Hospital; he became a Fellow of our Society in 1837, and died at Cheltenham on November 19th.

In 1832, Mr. Chapman published 'A Brief Description of Surgical Apparatus', with 'a series of delineations,' 8vo and 4to. It was a creditable work for the time of its publication, but it was far inferior in execution to the illustrated catalogues with which instrument-makers have since been enabled to advertise.

His chief work was on 'The Treatment of Obstinate Ulcers and Cutaneous Eruptions of the Leg without Confinement.' London 8vo, 1848, and 3rd Ed., 1859. He urges in it the utility of strapping with long strips of wet linen or calico, a method of treatment which is certainly very useful, and of which he wrote truly that it had "all the advantages without the disadvantages of Mr. Baynton's method" of strapping with plaster. The whole work is well written, and is honorably unlike the works of those who being, or thinking themselves, inventors of new modes of treatment remain ignorant or contemptuous of all modes but their own.

Noting, in his treatment of ulcers of the legs, how great improvement was often wrought in varicose veins associated with them, Mr. Chapman next applied his method of wet strapping to all forms of varix; and this is the subject of another essay 'Varicose Veins; their Nature, Consequences, and Treatment." London, 8vo, 1856. He again describes his method, and how, for clustered and saccular varices, he ingeniously adjusted various forms of pads under the straps. I do not doubt his success, but the plan requires skill and patience more than busy men can give. The book is clearly that of a gentleman and a fair observer, and this Mr. Chapman was known to be by all who, as I did, knew him well.*

Dr. James Part was born at Wigan in 1809, and there began his professional studies in an apprenticeship to Mr. Morris. He studied at St. Bartholomew's, at the adjacent school in Aldersgate Street, and at the University College Hospital. He became a Member of the College of Surgeons in 1832, Fellow in 1854, Doctor of Medicine of St. Andrew's in 1860, and Fellow of this Society in 1851.

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* Notes from Dr. W. S. Saunders and Mr. Thomas Chapman.

Dr. Part practised for many years with good repute in Camden Town: he was author of the 'Medical and Surgical Case Book,' and contributed numerous papers to the 'Lancet' and to the earlier volumes of the Transactions of the Pathological Society. He was a man of good ability, well cultivated, and studious of the fine arts. He died on the 1st of October, aged 66.*

Dr. William Rawlings Beaumont, who was known to many of us as Beaumont of Canada, though it was only the country of his adoption, was born in London in 1803. He was a pupil for more than the then usual period at St. Bartholomew's, and one of Abernethy's dressers. He studied also in Paris, and was for ten months with Amussat, who esteemed him well. He passed the College of Surgeons in 1826, and became a Fellow of our Society in 1836. For some years he was Surgeon to the Islington Dispensary, but in 1841 he emigrated to Toronto, where, in 1843, he was appointed Professor of Surgery in the University, and soon after Surgeon to the Toronto General Hospital. In 1844 he was elected a Fellow of the College of Surgeons; in 1850 he graduated as Doctor of Medicine in the University of Toronto, and in 1872 was named Emeritus Professor of Surgery in the Medical Faculty of Trinity College. At this time gradually increasing blindness had compelled his retirement from work. He died on the 12th of last October.

Dr. Beaumont published many papers on surgical subjects, chiefly suggested by cases happening under his care.† They prove him to have been an able, well-instructed surgeon, and he was skilled in ophthalmic practice; but his chief repute in surgery is due to his very rare power of inventing instruments. He invented some for tying polypi of the uterus, nose, and ear;‡

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* Memoir in the 'Lancet,' December 24th, 1875.

† Among them are "Clinical Lectures," in the 'Lancet,' 1854, 1857, 1862; 'Observations and Experiments on . . . . Treating Fractures with Plaster of Paris,' 8vo, 1851; and a paper "On the Removal of a Great Tumour of the Lower Jaw," in vol. xxxiii 'Med. Chir. Trans.'

‡ 'An Account of some New Instruments,' London, 4to, 1838.

an instrument for closing vesico-vaginal and recto-vaginal fistulæ, and fissures of the soft palate;* an iris-forceps;† a speculum; a lithotomy knife.‡ I believe that few of our profession have equalled him in inventive power, and that few inventors of any class have proceeded more directly to that simplicity which is essential to excellence. Of one of his instruments, however—that for the making of deep sutures—more deserves to be said. I remember seeing it used when it was first invented, in 1837. Mr. Beaumont brought it to St. Bartholomew's, and Mr. Lawrence used it for a cleft palate, and it answered well, as it did in many other instances. It has been superseded by others more convenient; but if it be true, as is believed,§ that the sight of this instrument, in the window of an instrument-maker in New York, suggested the invention of the Singer sewing-machine, we might regret that mechanical ingenuity should gain so much less money in surgery than in trade, unless we will hold that to die with an honorable name in science is better than to die with only the accumulated profits of a patent.‖

On the day after Dr. Beaumont's decease, another of our older Fellows (1844), *Dr. Robert Dickson*, died. He was born at Dumfries in 1804, and was educated in Edinburgh at the High School, and in the University, where he took his Doctor's degree in 1826. After studying in Germany and Paris, he settled in London, and practised first in Finsbury Square, and then in Mayfair, where he lived till 1866, and thence retired to the quiet enjoyment of life with horticulture at Harmondsworth near Slough.

Dr. Dickson's principal scientific work was in the study of the materia medica, especially of its vegetable portion. He lectured for many years on botany, first in the Webb Street

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* 'Med. Chir. Trans.,' vol. xxi.

† Ib., vol. xlvi.

‡ Specimens of many of Beaumont's instruments, including one of his needles, presented by Mr. Stone, are in the collection at the College of Surgeons.

§ 'Lancet,' March 17th, 1866.

‖ Memoir in the Canadian 'Lancet,' November 1st, 1875. Letter from Mr. Edgar Jarvis.

School of Medicine, and afterwards at the School of St. George's Hospital. He wrote many articles on popular science in the 'Church of England Magazine,' and all the articles on materia medica in the 'Penny Cyclopædia.' Among them is a notable article on "Wine."

Dr. Dickson is said to have had a larger knowledge of vegetable medicines than any practitioner of his time; but neither his knowledge nor his pursuits were wholly medical. He was a great lover of art; one of the earliest founders of the Art Union; a sanitarian, and active promoter of baths and wash-houses; a charitable physician to many charities; an altogether active, learned, and well-cultivated gentleman.*

Mr. Robert Brown was born in 1832, at Wintershields, in Cumberland, where his father was a farmer. He received his early education at Brampton, was apprenticed there to Dr. Graham, and thence, after studying for a year at Glasgow, went to the University of Edinburgh. After a very successful career, he spent a short time in London, and became a Member of the College of Surgeons in 1853, and a Fellow of our Society in 1857.

He practised in Carlisle, first as Resident Medical Officer to the Dispensary, then as House-Surgeon to the Infirmary, and then in partnership with Mr. Page. In every position he was prosperous; he made many friends; he worked very hard; he was a dexterous and careful practitioner; a genial companion; he loved dogs and horses, but much more he loved the duties of his profession.†

By the time he was forty he had won the esteem of all Carlisle, and seemed sure of a success not less than that of his friend and partner. But then health failed, and he was forced to give-up; and with sad slow brain-disease, he died on the 19th of November. He died at Lanercost, where Addison, who had often shown him kindness, is buried.‡

Then, suddenly, we missed the familiar face of *William Acton.* Few among us were better known, whether by appearance or by name, than he. He was born in 1813, at Shillingstone, in Dorsetshire, the second son of a clergyman. In 1831 he was apprenticed to Mr. Wheeler, the Resident Apothecary to St. Bartholomew's Hospital; and there, as I well remember, he worked hard till 1836. Then he went to Paris, and devoted himself chiefly to the study of venereal diseases under Ricord. He was for some time an externe in the hospital for venereal women, and so filled his mind with the doctrines of Ricord, that they became to him like infallible guides through life. In 1840 he returned to London, and began practice in George Street, Hanover Square; and about this time became Surgeon to the Islington Dispensary, and in 1842 a Fellow of this Society. From the first, I believe, he devoted himself to practice, exclusively, in diseases of the urinary and generative organs, and, among these, he soon found himself nearly limited to such as were venereal. His practice became large, and his writings numerous; and they related not only to the diseases which he studied, but to many social subjects allied to them, such as prostitution, illegitimacy, and the like. His last considerable paper was that "On the Prevalence and Severity of Syphilis among Troops quartered in London," which was communicated to our Society last year. He hoped that it might add to the evidence in favour of an extension of the Contagious Diseases Act, which he had from the first and always promoted.

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* Memoir in 'Medical Times and Gazette,' October 30th, 1875.

† He published only a paper in the 'Lancet,' and one in the 'Edinburgh Medical Journal.'

‡ Memoir in the 'Edinburgh Medical Journal,' January, 1876.

For many years before his death Mr. Acton, finding his practice to be almost exclusively among those whom he could see in his own house, passed much of his time in the country, near Windsor, and enjoyed himself in farming and the pursuits which, in his boyhood, he learned to admire. He thus seemed to keep himself in vigorous health; but his heart was degenerating prematurely, and he died very suddenly on the 7th of December.

Mr. Acton was careful and safe in practice, and had much technical skill, and the good he did was never, I believe, alloyed by failures of seemingly clever enterprises. He had such faith in the teachings of his master that he never used the opportunities of his large practice for an independent inquiry into the questions still remaining in the pathology of syphilis, and in the parts of general pathology which the study of syphilis may solve.

But, let it be remembered to his honour, that he practised honorably in the most dangerous of specialties; that he wrote decently on subjects not usually decent, and that he never used the opportunities which his practice offered for quackery or extortion. Even in those of his writings which related to social questions, and were, therefore, addressed in some measure to the public, there was nothing likely to serve his own interest; and he was always clearly on the side of morality.*

Dr. Charles Edward Squarey was born at Salisbury in 1842, and apprenticed to Mr. Wilks, of that city, and saw practice at the Salisbury General Infirmary. He entered at the University College, and even in his pupilage threw himself into some of the hardest and most hazardous work of his profession. For in 1863, when he was barely 21, and not yet in possession of any diploma, he volunteered and was accepted to be an Assistant Medical Officer at the London Fever Hospital, when epidemic typhus was rife in London, and the Medical Officer of the Hospital was lying ill with the fever.

In the first half of 1864, Mr. Squarey was Physician's Assistant in University College Hospital, and while on duty there, placed himself under rigid dietary, and made himself one of the subjects of his experiments on the effects of coffee on the urea and chlorides of the urine in health. The results of his experiments were published in the 49th volume of our 'Transactions,' in a paper which is a truly admirable illustration of the vast quantity of careful work which must be done, and which a really scientific man will do, to establish one fact in science.

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* Obituary in 'Medical Times and Gazette,' December 18th. Note from Mr. W. J. Acton.

The following is a list of Mr. Acton's principal writings:

"Account of a Case of Partial Double Monstrosity," in 'Med.-Chir. Trans.,' vol. xxix, p. 103.

"On the Rarity and Mildness of Syphilis among the Belgian Troops quartered in Brussels," in 'Proc. Med.-Chir. Soc.,' vol. iii, 1860.

"On the Prevalence and Severity of Syphilis among Troops quartered in London," in 'Proc. Med.-Chir. Soc.,' vol. vii, 1875.

'Treatise on Venereal Diseases,' 8vo and 4to, 1841.

'Practical Treatise on Diseases of the Urinary and Generative Organs,' 8vo, 1851, and later.

'The Functions and Diseases of the Reproductive Organs,' 8vo, 1857, and later.

'Prostitution in its Moral, Social, and Sanitary Respects,' 2nd edit., 1870.

Many of his lesser works are enumerated in the 'Medical Directory' for 1875.

In the autumn of the same year, Mr. Squarey, having passed the College and Hall, was definitively elected Assistant Medical Officer to the Fever Hospital, and early in 1865 had a severe and protracted attack of typhus, from which he narrowly escaped with life. After two or three voyages to and from America as Surgeon to a Cunard steamer, he again returned to the Fever Hospital; this time as Medical Superintendent. In the year during which he held this post he worked hard and in peril during the height of the typhus epidemic of that date, and, besides, took charge of the wards which were erected for cholera patients in 1866. In the midst of all this work he made the laborious "Observations on the Temperature and the Urine in Typhus Fever," which are published in the 50th volume of our 'Transactions.'

In 1867-8, Dr. Squarey having taken his M.B. degree in the University of London, and been elected a Fellow of this Society, was Resident Medical Officer in University College Hospital, and during this time studied particularly the diseases of women, and became a skilled administrator of chloroform and nitrous oxyde, and published some useful observations on them. In 1869 he established himself in Upper Wimpole Street as a physician, devoting his chief attention to obstetrics and the diseases of women. He became Assistant Physician to the Hospital for Women, and Physician Accoucheur to the Marylebone General Dispensary. Of course, he still worked very hard, and one of the results of his work was a paper of, I believe, great value, "On the Causation of Acquired Flexions of the Uterus and their Pathology," which is published in the 14th volume of the 'Obstetrical Transactions.' But now, in the midst of his enthusiastic work, and when great prosperity seemed near at hand, general paralysis gradually came upon him, and in the midsummer of 1874 he was compelled to retire. His malady ran its usual sad course, and he died at Brighton on the 12th of December, 1875.* Let him be remembered with honour for

* I am indebted to Dr. Horace Jeaffreson for this notice.

having known the danger and the difficulties of his profession, and for having boldly faced them.

Very different in the manner of both life and death was the next who left us—*Mr. Charles Cæsar Corsellis.* He had been a Fellow of the Society for thirty-seven years, yet I think that few of us knew him. He had studied at Guy's and St. Thomas's, and was for many years Resident Physician to the Lunatic Asylum at Wakefield. But he retired from the profession many years ago in feeble health, and lived at Benson, in Oxfordshire, and died on New Year's-day, in his seventy-sixth year.

Among all the deaths I have to tell of, none, I think, caused so deep and general regret among us as that of *George Green Gascoyen;* for he had endeared himself to us, not only by the good work that he had done for the Society, but by the singular gentleness and sincerity of his character, virtues which were attractively expressed in his features, voice, and manner.

He was born at Woburn in 1829, and studied his profession at St. Mary's, where he was House Surgeon in 1855-6, and in later years filled nearly every office which, as a surgeon, he could hold; Demonstrator of Anatomy (1856—62), Dean of the School (1860—4), Assistant Surgeon (1863), Surgeon (1870), Lecturer on Anatomy (1862—71), Lecturer on Surgery (1871—76). St. Mary's was as his home: he was the earliest pupil in its school, and I believe that no one contributed to its prosperity more than he did by his teaching and by the example of his life. In the Lock Hospital he was elected Assistant Surgeon in 1859, and was full Surgeon since 1863. In our Society he was elected a Fellow in 1857, and was Secretary from 1866 to 1869, and a Member of the Committees on Chloroform in 1864 and on Suspended Animation in 1870.

The last appointment he received was but a few months ago, when he was elected a Member of the New Board of Examiners in Anatomy and Physiology at the College of Surgeons. His election by the Council of the College was, I believe, approved by all who knew him, for all knew that he was fitted for the examinership, not only by his well-retained knowledge, but by his natural calmness, fairness, and good sense.

Mr. Gascoyen's chief published works were four papers in our

'Transactions.' One of these is the important essay on "Cases Treated in the Lock Hospital by Syphilisation," which he wrote in association with Mr. James Lane;* an essay which, taken together with one "On the Unity of the Syphilitic Virus," published in four parts in the 'Lancet' for 1864, will prove him to have been one of the most far-and-deep seeing of syphilographers. His last work, "On a case of Sphacelus of the Thyroid Gland," was read here after his death.

But excellent as were Mr. Gascoyen's writings, excellent as was his teaching, his greater influence was personal; the influence not only of a clear grave intellect, but of a noble moral nature. Modest, gentle, and true, he won the respect of all by careful self-respect.†

Gabriel Andral, whom more than thirty years ago we had the honour of electing among our Foreign Honorary Fellows, was born in Paris in 1797, the son of a physician of distinction, a Member of the Academy of Medicine. He received his doctorate in 1821, was elected Agrégé in 1823, and after being for some years a private teacher of pathology, was made Professor of Hygiene in the Paris Faculty of Medicine in 1828. In 1830 he resigned this chair for that of Internal Pathology, and in 1839, after the death of Broussais, became Professor of General Pathology and Therapeutics. This office he held, I believe, till he retired from Paris.

In hospital appointments, Andral was Physician, successively, to the Hôpital Cochin, the Maternité, the Maison Royale de Santé, the Pitié, and the Charité. In this last he succeeded M. Lerminier, in whose wards and under whose guidance he had collected the greater part of the observations contained in his 'Clinique Médicale.'‡ And it was in this hospital that his own great reputation as a clinical teacher was chiefly gained.

In academic and other honours Andral had a well-deserved large share: a Member of the Institute (1843), and of the Academy of Medicine (1824), Physician to the King, Commander in the Legion of Honour (1858), a Member of nearly all the chief medical societies of Europe. He had also the prosperity of a large private practice, and of great popularity in his profession; but he retired to Chateauvieux many years before his death, that he might more completely devote himself to the care of Madame Andral, a daughter of Royer-Collard. In his retirement, however, he was not idle: he followed watchfully the progress of his old studies and his old pupils and associates; and he practised charitably to the last. He died in Paris on the 13th of February, only a year after Madame Andral. The esteem in which he was held was testified at his funeral by the presence of a crowd of the most distinguished men in Paris—the most distinguished not in medicine alone, but in other sciences and in politics of every hue; and the reputation of his name is still sustained by his son, M. Paul Andral, one of the Vice-Presidents of the Council of State.*

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* 'Transactions,' vol. l. The other papers are in vols. xxxix, lii, lviii.

† Letter from Mr. Spencer Smith.

‡ More exactly, all those contained in the first edition and most of those in the later editions. See preface to the 4th ed., 1839.

Andral did great and good work, but it is very difficult to estimate its value now. In the most active part of his career he was one of those who raised the School of Medicine in Paris to its highest reputation. He was the rival (always, I believe, the courteous friendly rival), of Broussais and Chomel, of Louis, Rostan, Piorry, Bouillaud, and Cruveilhier; and, as I remember him in 1836, he was popular above all these, and except by the comparatively few followers of Louis, was generally regarded as the chiefest French physician of his time; chiefest as well in the hospital as in the theatre. The great theatre of the Ecole de Médecine was crowded when he lectured, and crowds were with him in his wards. I recollect hearing him and Broussais one day. Broussais, then an old man, and maintaining his own doctrines the more tenaciously the more they were losing in general favour, lectured to a few scattered thinly over the benches. He talked himself into violence of words and gesture, declaiming against the wilful ignorance of his opponents; and his anger rose higher when, near the end of his lecture, students came in, not to hear him, but to get good seats for hearing his more popular successor. Andral's style was admirable; fluent, free, clear, passionless, as if he wished not himself but the truth to be apparent.

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* From the 'Gazette Hebdomadaire de Med. et de Chir.,' 18 Fevr., 1876; and 'Dictionnaire Univ. des Contemporains.'

It would have seemed unwise if, forty years ago (for it is of that time I am speaking), any one had prophesied that Andral would leave a less clear mark in the history of medicine than those whom I have named as his chief contemporaries; and if, as I believe, he has done so, it may yet be due to no fault or defect of power in him; but to the fact that, while the others are well remembered in connection with some one or few good works that they achieved, he spread his greater labours and used his greater power over larger fields of observation. Moreover, much of Andral's work, good as it was, was soon surpassed by better, to some of which itself had given impulse. His pathological anatomy, and not his alone but that of all others, was surpassed by Rokitansky's, vast and accurate beyond anything before or since. His hæmatology was replaced by the results of inquiries more accurate and minute than any which in his time seemed possible. Still, his 'Clinique Médicale' remains, and in it a treasury of facts collected with admirable knowledge, skill, and care, and recorded in such completeness as was in his time very rare. But of such a work as this it is hard to tell the influence; as hard as it would be to tell the influence of any one day's sunshine on the harvest of the year. Its force, we know, cannot be lost; it abides in every ripened grain and in all that feeds upon the grain; but we cannot measure it or track its course. So it is with the stores of facts bequeathed by Andral and by such as him. It is more than fifty years since he published the first volume of his 'Clinique,' and its facts have never ceased to promote knowledge; they promote it even now. His name may now be rarely written; but he fulfils in his recorded facts that which he wrote as if, in a few sentences, he would tell the belief that guided all his work:

"It is much less to my opinions, changing and progressive as science, than to the facts themselves that I call the attention of practitioners. I desire constantly to keep in mind that the systems which have governed medicine, and have almost all both retarded and hastened its progress, have been only the diverse points of view under which those who created the systems have in succession regarded the truth. Let us use these systems as so many methods for arranging facts, for grasping their relations, for discovering the laws of their production; but let us beware of forgetting that the facts themselves, compared and grouped in their results, are the true riches of science, and that to them alone it belongs to determine the value and the duration of systems."*

Mere truism you may say: but when Andral began his work Cullen and Brown were still much talked of, and there were many who were more sure then, than a few are now, that there are facts enough to construct a simple all-explaining and all-guiding doctrine of disease and its treatment.†

I fear that I have been too tedious in my memorials. But I have had to tell of many who have done good work and made us their debtors. And I shall not apologise for telling only what was good in them. In records such as these the law of charity is to be obeyed and that of social honour which forbids us to speak of the faults of the absent. If we would study faults we shall nowhere find better opportunities than in our several selves.

At the conclusion of the address it was moved by Mr. Charles Hawkins, seconded by Mr. Christopher Heath, and carried with great applause:

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* 'Clinique Médicale,' 4me éd., 1839, p. vii.

† The chief works of Andral are:

Numerous memoirs presented to the Académie de Médecine.

'Précis élémentaire d'Anatomie pathologique,' 2 vols., 1829. Translated by Townsend and West, Dublin, 1839.

'Clinique Médicale,' in 4 editions from 1823-6 to 1839, 5 vols.

Ditto, condensed and translated by Dr. Spillan, London, 1836.

Notes et Additions au 'Traité de l'Auscultation médiate de Laennec,' 1836 (Laennec's work largely annotated by Andral and Meriadec Laennec).

'Cours de Pathologie interne,' 3 vols., 1836 and 1848, edited by Amédée Latour.

Papers with Gavarret and Delafond, on the Composition of the Blood; published in the 'Annales de Chimie et de Physique,' and in journals in 1840-2.

'Réponse aux......objections contre......les Analyses du Sang'(with Gavarret), 8vo, 1842.

'Essai d'Hématologie pathologique,' 8vo, 1843.

For this and many other bibliographical notes I am, of course, indebted to Mr. Wheatley.

"That this meeting expresses its cordial thanks to the President, Sir James Paget, Bart., for his most excellent address, and that he be requested to allow it to be printed.

The President returned thanks for the favorable manner in which his address had been received, and then, the Scrutineers having returned from examining the lists, he announced the result of the Ballot for Officers and Council for 1876-7 as follows:

President.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S.

Vice-Presidents.

Edward Ballard, M.D.
*Richard Payne Cotton, M.D.
Charles Brooke, M.A., F.R.S.
John Marshall, F.R.S.

Treasurers.

William Wegg, M.D.
John Birkett.

Secretaries.

John Harley, M.D., F.L.S.
*John Whitaker Hulke, F.R.S.

Librarians.

Francis Sibson, M.D., F.R.S.
Timothy Holmes.

Other Members of Council.

*Lionel Smith Beale, M.B., F.R.S.
Wilson Fox, M.D., F.R.S.
*Edward Headlam Greenhow, M.D., F.R.S.
*Graily Hewitt, M.D.
*William Ogle, M.D.
*Richard Barwell.
*John Couper.
*Arthur Edward Durham.
George Gaskoin.
Thomas Smith.

Those gentlemen to whose names an asterisk is prefixed were not on the Council last year.

It was then moved by Mr. Brodhurst and seconded by Dr. Begley:

"That this meeting desires to return its thanks to the retiring Vice-President Sir William Jenner, and to the other retiring Members of Council, Dr. Andrew Clark, Dr. Dickinson, Dr. Priestley, Dr. Hermann Weber, Mr. Callender, Mr. Gay, and Mr. Streatfeild, for the interest shown by them in the affairs of the Society during the time they have been in office."

Mr. Callender returned thanks for the retiring Members of Council, and then,

Mr. Spencer Wells moved and Mr. Thomas Smith seconded:

"That the best thanks of the Society be presented to the retiring Hon. Secretary, Mr. Cooper Forster, for his zealous and valuable services to the Society during his term of office,"

which was carried with acclamation.

Mr. Cooper Forster returned thanks for the manner in which his services, which, he said, had been a labour of love, had been recognised; and having warmly referred to the aid which he had during his official career as Secretary received from the Resident Assistant Librarian, it was proposed by Dr. Barclay, seconded by Mr. Charles Hawkins, and after some words of warm approbation from Dr. Sibson as one of the Hon. Librarians, carried unanimously:

"That the thanks of the Society be given to Mr. Wheatley for his very efficient services in conducting the details of the Society's work."

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

Tuesday, March 14th, 1876. 8.30 p.m.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—43 Fellows.

Books were presented by Dr. P. Black, Dr. R. H. Semple, Mr. John Simon, Professor G. Berruti, the Pharmaceutical Society, the Royal Society of Edinburgh, the Smithsonian Institution, and the Surgeon-General U.S. Army.

John Knowsley Thornton, M.B., C.M., was admitted a Fellow of the Society.

Benjamin Mallam, M.R.C.S., was proposed for election as a Fellow.

The following communication was read:

On Some Effects of Lung Elasticity in Health and Disease.

By R. Douglas Powell, M.D., F.R.C.P., Physician to the Hospital for Consumption and Diseases of the Chest at Brompton, Senior Assistant-Physician to the Charing Cross Hospital. (Received February 4th, 1876.)

(*Abstract.*)

In this paper, after a reference to the views of Hutchinson and Hyde Salter on the mechanism of respiration, it is observed that, as now admitted by the best physiologists, in the position of thoracic repose, *i.e.*, at the end of quiet expiration, *the contractility of the lungs is exactly counterpoised by the elastic resilience of the chest wall.*

This elastic resilience, tending to expand the chest, may be termed the *excentric thoracic resilience.*

The presence of this excentric thoracic resilience in health was pointed out by Dr. Salter, and has been incidentally further demonstrated by Mr. Le Gros Clark's more recent experiments to show the "passive tension" of the diaphragm.

The resilience of both thoracic wall and diaphragm tending excentrically, and thus increasing the capacity of the chest, takes an important part in facilitating the respiratory act. The thoracic resilience in calm breathing helps inspiration and eases the recoil in expiration, thus exercising a spring-like function countervailing the lung elasticity in each way. (The diaphragmatic resilience is probably mainly derived from the "spring" of the thoracic margin to which it is attached.) Most authors regard thoracic elasticity as acting counter to inspiration, and Dr. Salter assumed that it was in favour of inspiration only at the very commencement of that act.

It is important, therefore, to compare the range of chest expansion in calm breathing with the degree to which the chest will expand by virtue of the excentric thoracic resilience alone, as ascertained by experiment upon the dead subject.

Range of chest expansion in calm breathing.—The measurements of Hutchinson, Burdon Sanderson, and Sibson show the expansion of the chest in quiet breathing to be very small, viz., from one to two millimètres. In some experiments by the author he has found the range to be slightly greater, but variable in different persons.

Expansion of chest by virtue of excentric resilience.—In one observation upon the dead subject Dr. Salter found that on cautiously opening the pleural cavity so as to allow the lungs to collapse, and thus to *liberate the chest wall from their traction*, an expansion of one millimètre was recorded.

The author has repeated this experiment with slight modification in 10 cases. In 1 case in which the chest was quite healthy the expansion recorded was 3·19 mm. In 3 other cases in which the chest was not quite healthy expansions of 1·6, 2·1, and 2·4 mm. were recorded respectively. In 6 cases in which œdema or emphysema or adhesions were present no result was obtained.

It thus appears that in health the thoracic resilience favours inspiration throughout, and that probably even at the termination of quiet inspiration there is still a small tendency to expand in reserve.

The facts and inferences above alluded to are of much interest in their clinical bearings. In *emphysema* the elastic tension of the lung is *loosened*, so that the excentric thoracic resilience becomes less and less opposed as the emphysema increases. In extreme cases the inertia of the chest walls and the resistance of the lung are no longer countervailed by thoracic resilience; hence the uneasy jerk with which the act of inspiration (mainly thoracic in this disease) commences.

The view of Stokes, still held by most who have followed him, that the chest in emphysema was expanded, and organs displaced and compressed by the large lungs, is untenable.

Some observations of M. Woillez on the expansion of the chest during the febrile state are alluded to.

The relationship between cardiac displacement and intrathoracic pressure is then discussed, a table of 17 cases of pneumothorax and of 3 cases of empyema being referred to, in which the intra-thoracic pressure has been tested by the author. Experiments already published are also alluded to as bearing upon the subject.

The results of these latter observations and experiments seem to show that the view before expressed by the author is correct, viz., that in all cases of effusion into the pleura displacement of the heart is at first effected by the traction of the lung from the healthy side upon the mediastinum—rapidly in the case of pneumothorax, gradually in fluid effusion. When further accumulation takes place, the heart of course becomes further displaced by *direct pressure.*

March 28th, 1876.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—36 Fellows and 6 visitors.

Books were presented by Dr. H. W. Acland, Dr. R. Birnbaum, Dr. G. Vivian Poore, Dr. Burdon Sanderson, and Sir Henry Thompson; by the Royal College of Physicians, the General Council of Medical Education, the India Office, the Obstetrical Society, the Registrar-General's Office, and the American Medical Association.

Dr. Robert Bridges was admitted a Fellow of the Society.

The following communication was read:

On Some of the Histological Changes found in Cancer of the Skin, or Epithelioma, with special reference to the source of the newly formed Epithelial Cells. By GEORGE THIN, M.D. (Received February 22nd, 1876.)

(*Abstract.*)

The epithelial growth in cancer of the skin is constituted by an extension of the epithelium which normally forms the rete Malpighii, the sweat-glands and the sebaceous follicles, and does not take its origin exclusively in the lymphatic vessels, as has been alleged by Köster, and latterly by Rajewsky. As new epithelial cells form, those in the centre of epithelial masses or on the outer surface of the rete undergo several kinds of degeneration. The two chief forms of this degenerative process are the horny and the colloid. In the former the cells elongate, flatten, become horny, and finally resemble pieces of membrane; in the latter they swell and acquire an even, glassy appearance. A laminated capsule is frequently formed by several of these swollen vitreous-looking cells which are encircled by the flattened horny ones.

In both forms the cells finally disintegrate in their original position; they are not found as cellular elements in the underlying tissue.

The nuclei undergo changes corresponding to those of the cells; the nucleus generally withers or falls out; it never divides.

The nucleolus frequently enlarges and acquires a colour not unlike that of a red blood-corpuscle. It is then a prominent and resistent object, and has undergone a change by which it is assimilated to horny structures. Instead of one large nucleolus in the centre of the nuclear vacuole there are sometimes two or four smaller nucleoli which appear to be fragments of a large nucleolus.

The cells never divide nor produce endogenous progeny, nor give origin in any other way to new cells. No vital process is in any way connected with the changes which they undergo.

The fibrillary tissue yields to a process of absorption which begins at an early stage, and is independent of the epithelial formation. The absorption is divisible into two stages. In the first the bundles retain their form, although the substance has to a considerable extent disappeared, thin membranous lines indicating the boundaries of each bundle. In the second the outlines of the bundles are lost, and the tissue is represented by irregular shreds.

In osmic-acid preparations large oval nuclei, faintly marked, are seen on the bundles. These are believed to be the nuclei of flat cells, and their resistance to the solution is supposed to be produced by a change which is due to the cancer.

Stellate and spindle cells can be seen in the corium and amongst the cancerous epithelium. Their cell protoplasm is frequently found in a state of fatty degeneration. In favorable preparations the nature of these cells is shown by long thread-like processes which proceed from them.

Passing from the epithelium inwards there is an abundant infiltration of cells. Where the fibrillary tissue is broken down these are found in masses. These masses are continuous with rows of cells that pass between the bundles. Single rows of cells are often found between unaltered bundles and where the tissue is otherwise healthy. The cells nearest the epithelium are larger than those more distant from it, and have a nucleus and a form that indicate a change towards the fully developed epithelial character. Gradual transitions connect these with the more distant cells, which finally are indistinguishable from colourless blood-corpuscles. It is maintained that they are colourless blood-corpuscles because they are identical with them in appearance and because they do not proceed from the epithelium or the cells of the tissue, and because the vessels in the part are found to contain a number of similar corpuscles.

The epithelial growth takes place by simple apposition of these lymph-cells to the pre-existing epithelium, and by the spaces left by the degeneration of old cells being occupied by the new ones which fix themselves in the position.

The nature of the agent by which these changes are produced is unknown. It evidently passes from the diseased part along the lymph-spaces, and a cell once infected by it becomes an active agent in conveying the infection to the next cell in contact with it, and so on successively. It becomes weaker the farther it travels.

As the products from the blood-vessels do not organise, and as the wound resulting from an operation in the part heals well, it follows that the materies morbi is localised. On the other hand, as cancer is not inoculable to a healthy person, it is argued that the disease progresses by help of diminished power of resistance in the constitutional condition of the patient.

The preparations on which these views have been more especially founded were obtained from cases of cancer of the lip in females operated on by Mr. Bell, of Edinburgh. They were taken from sections of the tumours which had been put fresh in solution of osmic acid. The author attributes special weight to this mode of preparation, and believes that it presents advantages over any other method at present known to us.

April 11*th*, 1876.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—30 Fellows and 1 visitor.

Books were presented by Mr. Thomas Bryant, Messieurs P. Diday, and A. Doyon, the India Office, and the Bavarian Academy of Sciences.

The following gentlemen were elected Fellows of the Society:—John N. C. Davies-Colley, M.C., F.R.C.S., Willoughby Furner, F.R.C.S., Leslie Jones, M.D., Benjamin

Mallam, M.R.C.S., William Donald Napier, M.R.C.S., and William Harris Stretton, M.D.

William Lewis Dudley, M.D., was proposed for election.

The following communication was read:

On the Development of Spindle Cells in "Nested Sarcomas." By WM. RICHARD GOWERS, M.D., Assistant-Physician to University College Hospital. (Received March 13th, 1876.)

(*Abstract.*)

The object of the paper is to describe the development of spindle cells, as observed in a certain variety of sarcoma. The tumours referred to consisted of spindle-cells, with a few round cells, and had this characteristic, that the spindle-cells were in part arranged concentrically in nests resembling very closely the nests of epithelioma. Three examples of the tumour which have been met with were all attached to the inner surface of the cranial dura mater. Their naked-eye and microscopic appearances are described. In these tumours the origin of spindle-cells could readily be traced, and is described in the paper. They were developed from round cells by a process of vacuolation similar to that described by Dr. Creighton in the cells of cancer. The origin of the nests is traced to a modification of this process of vacuolation. The paper concludes with some remarks on the nature of the process, as indicated by its characters.

At the end of the meeting Dr. G. H. Evans exhibited a patient suffering from lichen ruber, in which the eruption covered nearly the whole of the trunk, presenting the characteristic papulo-squamous features.

April 25th, 1876.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—31 Fellows and 4 visitors.

Books were presented by Professor Baccelli, Dr. J. Ehrmann, Dr. S. D. Gross, Dr. Sansom, and the Royal Academy of Sciences of Amsterdam.

The following gentlemen were admitted Fellows of the Society:—J. N. C. Davies-Colley, M.C., F.R.C.S., Benjamin Mallam, M.R.C.S., William Donald Napier, M.R.C.S., and W. Harris Stretton, M.D.

The following gentlemen were recommended by the Council as fit persons to be elected Foreign Honorary Fellows of the Society:—Theodor Billroth, M.D., Professor of Surgery in the University of Vienna, and H. Milne-Edwards, Member of the Institute and of the Academy of Medicine, Paris.

The following communication was read:

On a Case of Intermitting Hydronephrosis, with some remarks on Hydronephrosis as a Cause of Abdominal Tumours. By Henry Morris, M.A., M.B.,

F.R.C.S., Senior Assistant-Surgeon to, and Lecturer on Anatomy at, the Middlesex Hospital. (Received March 27th, 1876).

(*Abstract.*)

Since its introduction by Rayer in 1841, the name hydronephrosis has been used to signify distension of the pelvis of the kidney or pelvis and ureter by retained urine. The term "intermitting hydronephrosis" is here employed to express in a clinical sense an intermitting abdominal tumour due to the occasional accumulation and subsequent escape of urine in the pelvis of the kidney, or in the ureter and pelvis of kidney. It is not intended to refer to the pathological condition as seen in the post-mortem room only. A case is then described of a woman, æt. 66, who for several years had suffered from a villous cancer of the bladder, and who towards the end of her illness had an intermitting tumour, sometimes the size of the head of a small fœtus in the right hypochondriac and lumbar regions. This tumour, which was sometimes very evident, was at other times quite undiscoverable. Its presence was associated with pain, vomiting and constipation, and it arose from the distension of the pelvis of a hypertrophied kidney from obstruction at the vesical end of the ureter. The case was briefly one of double hydronephrosis, with an evident abdominal tumour on one side, caused by the presence of villous disease of the bladder. It is believed to be the only instance in which the one condition was the result of the other; for although another case has been recorded by Rayer, in which the two pathological states coexisted, yet in that case the hydronephrosis was caused by a calculus at the lower end of one ureter.

Some explanation is then given for the occurrence of an abdominal tumour in some cases of hydronephrosis and not in others; and it is suggested that in those cases, on the one hand, *where a tumour is formed,* it will always be found that the obstruction has been both sudden and complete to the flow of urine from a kidney in its full functions; or else that, after one kidney has been damaged by disease, and the other has under-

gone compensatory hypertrophy, some obstacle has arisen to the flow of urine from the hypertrophied organ.

Instances of the first kind arise from the impaction of a calculus in the ureter; the case reported by the author is one of the second kind.

On the other hand, where the obstruction is slight at first, and only gradually increases, there is a continual resistance, rather than an actual impediment to the flow of urine, so that the secreting structure becomes destroyed, *pari passu*, with the distension of the pelvis of the kidney, and death occurs *before the dilatation is sufficient to cause a tumour.* In stricture of the urethra, and in most cases of uterine disease (the most frequent causes of hydronephrosis), this resistance is opposed to both kidneys, and they each suffer, but cannot share, the results of the obstruction. Thus although, as Howship said, there is less chance of detecting hydronephrosis in cancer of the uterus during life if the affection be confined to one side, the converse is true only when the obstruction has been confined to one side for a time, *and afterwards affects the other.* Facts show that it is not true when both kidneys have been acted on similarly and for the same length of time.

With regard to the treatment of hydronephrotic tumours, the importance of relieving pressure from retained fæces by the use of purgatives and enemata is just referred to, the successful practice in two or three cases of manipulation is pointed out, and then the question as to the best site for puncturing, when an operation is required, is considered. The conclusion arrived at is, that when the tumour is of the left kidney, the anterior extremity of the last intercostal space of that side is as good a spot as can be chosen; but that, when the tumour is of the right kidney, there is the almost certain danger of wounding the liver if the corresponding position is selected, and that the best place for puncturing on this side is halfway between the last rib and the crest of the ilium, from two inches to two inches and a half behind the anterior superior spine of the ilium. This spot is on a level with the front surface of the bodies of the lumbar vertebræ, and it may with safety be conjectured that when a tumour requiring to be tapped is present, a trocar inserted here, and directed inwards and somewhat forwards, will pass behind the peritoneum and colon, and in front of the kidney and below the liver, and will penetrate the cyst at its anterior and lower part.

The rarity of intermitting hydronephrosis is then shown by a reference to an appendix of all the published cases, found by the author, in which hydronephrosis had caused an abdominal tumour. Frequent as hydronephrosis is as a pathological condition, there are comparatively few cases in which a tumour has been detected during life, and still rarer is it for such a tumour to intermit or disappear altogether. Six cases are referred to briefly in which complete subsidence occurred; and seven others are described, in abstract, in which the tumour intermitted. Cases of unquestionable pyonephrosis are excluded from the appendix.

In conclusion, it is suggested that in all probability the greater number of the tumours which, having been called *ovarian* upon good authority, have nevertheless spontaneously vanished, have been hydronephrotic in nature, and disappeared by a normal process through a normal outlet of the body.

At the conclusion of the meeting Mr. Wm. Donald Napier exhibited a new apparatus, devised by himself, for producing local anæsthesia, together with an improved method of applying any form of spray. It consisted of a silver tube, furnished with a pad at one, and with an egg-shaped reservoir near the other, extremity. The reservoir was shut off from the tube, but was connected with the pad by means of a smaller second tube contained within the first. When in use the reservoir is filled with ether, and the warmth of the hand suffices to allow of its evaporation, so that the pad is kept perfectly moist with the fluid. A continuous current of air is then blown through the main tube by means of a foot bellows resembling that worked by the hand in the ordinary "spray producer." Mr. Napier pointed out the advantage possessed by this apparatus in its capability of being applied to small surfaces. The bellows could also be worked with great advantage with the "spray producer."

Mr. J. N. C. Davies-Colley also showed a patient, a boy about twelve years of age, in whom he had practised partial excision of the tarsus for equino-varus. The portions of bone removed included the whole of the cuboid and parts of the os calcis and scaphoid, and a small portion of the astragalus, cuneiform, and adjacent parts of the three metatarsal bones. The deformity was fully relieved, and the foot was a useful one.

Tuesday, May 9th, 1876.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—39 Fellows and 3 visitors.

Books were presented by Dr. Crane, Professor Masoin, Professor Rizzoli, Dr. Romanelli, Dr. W. D. Williams, the Royal Society, the India Office, the Director-General of the Army Medical Department, and the "Société de Chirurgie" of Paris.

John Charles Bucknill, M.D., was proposed for election as a Fellow of the Society.

The following communications were read:

I. On a Case of Congenital Hydronephrosis, with Remarks on the Secretion and Excretion of Urine in the Fœtus, and on the facts which tend to prove that

during the latter months of Intra-uterine Life the Urine of the Fœtus is passed into the Cavity of the Amnion. By HENRY MORRIS, M.A., M.B. Lond., F.R.C.S., Senior Assistant-Surgeon and Lecturer on Anatomy at the Middlesex Hospital. (Received March 27th, 1876.)

(*Abstract.*)

A case of congenital hydronephrosis associated with imperforate rectum, in a child of five days old, is described. The abdomen was considerably distended at the time of birth, and continued to increase in size up to the day when surgical aid was sought. After the passage of a catheter along the urethra a large quantity of urine escaped; and after an operation had been performed for the purpose of establishing a communication between the rectum and anus, a free discharge of meconium followed. The abdomen subsequently became quite flaccid, but the child died of exhaustion on the seventh day after birth, and on the second day after the operation. No post-mortem examination was allowed by the parents.

From the symptoms of the case, as well as from the records of other analogous cases, it is to be inferred that a slight membranous obstruction in the urethra, sufficient to frustrate the slender efforts of the child to expel the contents of the distended bladder, was broken down by the catheter. Other possible explanations are considered, but rejected as being less probable than that above stated. Congenital hydronephrosis, like each of many other congenital deformities, frequently coexists with one or more malformations in the same subject. For instance, clubbed foot, harelip, imperforate anus or rectum, and the absence of a prostate gland, have each been associated with congenital hydronephrosis. It is more frequent to find both kidneys affected than only one, and the most common cause of the condition is imperforate urethra or impervious ureters.

The question is considered, whether in these cases the enormous distension of the urinary organs arises from over-secretion

on the part of the fœtal kidneys, or from retention of urine through some mechanical obstruction in the passages. It is concluded that the number of cases in which the obstruction and the distension have occurred together is too great to allow of their coexistence being considered accidental; yet the only relation which can possibly be conceived between the two conditions is that of cause and effect.

The question which next arises is, "Does not the urine, during the later period at least of gestation, ordinarily flow into the liquor amnii, so as to avoid causing congenital hydronephrosis?"

Upon this subject, although physiologists are silent, there have been many opinions expressed in favour of an affirmative reply. In illustration of this, excerpts are contained in the paper from the writings of Lee, Prout, Kennedy, Billard, and Howship, and from the 'Obstetrical Transactions.' Before accepting this view as to the excretion of urine further proof is sought for in the analysis of the liq. amnii, since there ought to be evidence of some of the constituents of urine in that fluid if the view be correct.

From analyses made by Rees, Frommherz and Gugest, Wöhler, Gusserow, and others, the presence of urea and many of the salts of urine in the fluid of the amnion has been proved beyond question.

On the other hand, the urine of the fœtus in some cases of congenital hydronephrosis has been found to be devoid of urea by Kennedy and Madge. It ought not, however, to be inferred from this that urea had never been formed in these fœtuses; but rather that, owing to the crystalloid character of urea, this substance has escaped from the blood and from the retained urine of the fœtus, into the blood of the mother; and it is further suggested that urea may in this same way even disappear altogether from the liquor amnii when fresh quantities cease to be excreted from the fœtal organs.

But dismissing all speculative reasonings, it may be stated that the following are well-ascertained facts:

1. That when an obstruction has existed in the urinary organs of the fœtus, the secretion of urine has gone on to a sufficient

extent to cause changes similar to those which are seen in the urinary organs of adults after retention.

2. That the liquor amnii has been proved to contain urea, besides many salts, such as those which are found in normal urine.

3. That fœtal urine, in some cases of hydronephrosis, has been found not to contain either urea or uric acid, or to contain urea only in very small quantity.

The conclusions which appear to be warranted by these facts are:

1. That urine is secreted in considerable quantity during intra-uterine life.

2. That this quantity is far too great to be stored up in a normal bladder and normal ureters.

3. That during the latter part of gestation at least urine is passed off through the urethra of the fœtus into the sac of the amnion.

4. That the proportion of urea in fœtal urine is, in all probability, smaller than it is in the urine secreted after birth; and that, as in cases of congenital hydronephrosis, both urea and uric acid have been absent from the urine, it is possible they may also be absent from the liquor amnii.

5. That the quantity of urea in liquor amnii is very small, not exceeding 5 per 1000.

6. That the gradual decrease in the proportion of albumen in liq. amnii as pregnancy advances (from 10·77 per cent. in the fourth month to 0·82 at the ninth month, as stated by Taylor), gives some support to the view that the fluid of the amnion is constantly altered by the admixture of some non-albuminous fluid, such as urine; and that this conclusion will be further strengthened if future analysts show that the proportionate quantity of urea and the salts of urine in the liquor amnii increases, as the proportionate quantity of albumen diminishes.

7. That the presence in liquor amnii of other of the constituents of normal urine besides urea gives support to the same opinion.

Although there is something revolting in the idea that for a period of many weeks every human being has lived and floated in a medium partly composed of its own urine, yet the fact ought not to be ignored, as it is a matter of great interest and importance in the development and life-history of the fœtus; while the condition of the fœtus which results from an obstruction to the escape of the urine ought to be borne in mind by the accoucheur, as it may give rise to tedious and protracted labour, or may even render parturition impossible to the mother till after the destruction of her child.

II. On Athetosis and Post-Hemiplegic Disorders of Movement. By Wm. Richard Gowers, M.D., Assistant-Physician to University College Hospital, and Assistant Teacher of Clinical Medicine at University College. (Received April 11th, 1876.)

(*Abstract.*)

The paper commences with a sketch of the features of the so-called athetosis, as described by Hammond and one or two other observers, and then considers the question whether the symptoms, as thus grouped, differ essentially from the spastic state of limb met with after early hemiplegia. In illustration of athetosis, and as bearing on this question, two cases resembling athetosis are brought forward, in one of which the movements have ceased under treatment. The phenomena of mobile spasm, "spastic contracture," after hemiplegia, are next described and illustrated by some typical cases. The elements of this condition, spontaneous spasm and inco-ordination of movement, may be met with separately as sequels of hemiplegia, and examples are adduced, in one of which a post-mortem examination revealed a lesion of the optic thalamus. Ordinary "late rigidity" is next considered, and found to possess certain characters in common with the motor disturbances already discussed, and reasons are adduced for referring it, with Todd, to the encephalic change, rather than, with most recent writers, to secondary spinal degeneration. The paper concludes with an allusion to the prognosis and treatment of the disorders discussed.

III. On the Nature and Mode of Origin of the Lead Line in the Gums. By C. Hilton Fagge, M.D., F.R.C.P., Assistant-Physician and Lecturer on Pathology at Guy's Hospital. (Received April 11th, 1876).

(*Abstract.*)

THE author has in two cases investigated the microscopical characters of the gingival tissues when affected with the lead line. He finds that the discoloration is not uniform, but is distributed in the form of rounded loops corresponding with the vascular papillæ of the mucous membrane. Under a higher power the pigment is seen to consist of granules, some of which are deposited in the interior of the smallest blood-vessels, others immediately outside them.

Adopting Mr. Tomes's hypothesis that the pigment is a sulphuret of lead, and that the sulphuretted hydrogen which forms it is derived from decomposing animal matters which have been retained in the tartar or between the teeth, the author next points out that the gas must diffuse itself into the textures of the gum, and combine with the lead as it is actually circulating in the blood, or contained in the plasma which is for the nourishment of the textures. The pigment is thus precipitated from the blood.

This view explains the fact, that a characteristic line in the gums is sometimes seen in those who have not shown symptoms of lead-poisoning. When occurring under such circumstances, it has been supposed by certain writers to have been caused by the presence of some other metal, such as bismuth. The author thinks it depends on the very minute quantity of lead which has in such cases gained entrance into the body.

Another point explicable upon the author's theory of the lead line is, that the administration of iodide of potassium sometimes brings it out, when it had before been absent, and after the individual has ceased to be exposed to the poison. It also follows that the line must be wanting in those who keep the teeth very clean.

Lastly, it seems probable that the sulphide of lead must be

deposited in the intestinal mucous membrane likewise, under the influence of the sulphuretted hydrogen contained in the bowel.

May 23rd, 1876.

EDWARD BALLARD, M.D., Vice-President, in the Chair.

Present—29 Fellows and 8 visitors.

Books were presented by Mr. John Birkett, Mr. F. Mason, Mr. Johnson Smith, Mons. Sénac-la-Grange, Mons. Débout d'Estrées, the Governors of Bethlem Hospital, the India Office, and the Medical Society of Berlin.

The following communications were read:

I. On Ingravescent Apoplexy. By WILLIAM H. BROADBENT, M.D., Physician to, and Joint Lecturer on Medicine at, St. Mary's Hospital; Physician to the London Fever Hospital. (Received May 9th, 1876.)

(*Abstract.*)

SIR THOMAS WATSON, following Abercrombie, describes three forms of apoplectic attack. The first sudden, with loss of consciousness, and stertorous breathing; the second beginning with sudden pain in the head, faintness and vomiting, followed by gradually increasing coma; the third characterised by sudden hemiplegia without loss of consciousness.

To the second of these modes of attack the term "ingravescent" has been applied. Its characteristic features are absence of loss of consciousness at the outset, gradual accession of symptoms, and speedily fatal termination, and the cause is invariably found to be a large extravasation of blood. The object of this communication is to show that not only is the hæmorrhage large in these cases, but that its situation is, within certain limits, constant, and also that an anatomical explanation can be given of the phenomena of the attack.

The seat of the hæmorrhage is on the outer side of the extraventricular corpus striatum ("lenticular nucleus" of foreign writers), between this ganglion and the "external capsule;" and the explanation offered is as follows:—That the large amount of blood extravasated arises from the large size of the vessels here found, and from the slight resistance opposed to the effusion, and that the absence of loss of consciousness is due to the fact that there is little laceration of fibre or compression of the brain.

The situation and relations of the clot are best seen by opening out the fissure of Sylvius, when the convolutions of the island of Reil will be found to be obliterated and spread out over the effused blood. Afterwards, by the usual sections, the further course of the extravasation into the ventricle or into the substance of the hemisphere can be traced.

The following cases are related:

Case 1.—A man, æt. 50, was suddenly seized with giddiness and slight mental confusion; left hemiplegia was early noticed, but there was no loss of consciousness. He was brought immediately to St. Mary's Hospital, and on admission, though a little excited, he gave an accurate account of the circumstances attending the attack. There was left hemiplegia, with relaxation of the paralysed limbs; no distortion of face, but extreme conjugate deviation to the right of the head and eyes, marked hemianæsthesia affecting the face and body as well as the limbs; slight reflex action on tickling the left sole.

Pulse 108, long and firm, but weak.

A tendency to sleep became manifest, and the nature of the case being recognised, an attempt was made to bleed. Three veins were opened in the arms, but only a trifling amount of blood could be obtained, the jugulars could not be made to fill sufficiently, and vomiting interrupted further proceedings.

The patient continued to sleep, but could be roused till about eight hours after the attack, when stertor suddenly set in; he was then found to be quite unconscious, and in about twenty minutes he died. During the final stertor the lateral deviation of the eyes ceased; the heart was felt to beat for seven and a half minutes after cessation of respiration.

On post-mortem examination, hæmorrhage of large amount was found to have taken place between the corpus striatum and external capsule, flattening out and distending the convolutions of the island of Reil, forming a cavity along the outer side of the corpus striatum and thalamus two and a half or three inches long, and penetrating the lateral ventricle by a fissure extending almost the entire length of its outer angle. All the ventricles were filled with blood. There were hæmorrhages into the lungs, spleen, and liver. Kidneys contracted and granular.

Case 2.—A woman, æt. 45, had slight paralysis on January 8th, 1871, which soon passed off. On the 11th she suddenly lost power in the left limbs, vomited, slept almost continuously for two or three days, waking at intervals, and then appearing to be quite sensible. The urine and fæces were passed involuntarily, and bed-sores formed. After about three weeks the patient was brought to the hospital, and was then found to have left hemiplegia with some distortion of the face and hemianæsthesia. She died three days after admission.

On post-mortem examination, hæmorrhage was found to have occurred between the corpus striatum and the external capsule, bulging out the island of Reil, and dissecting off from the hemisphere both corpus striatum and thalamus, and displacing them inwards. The blood penetrated the corpus striatum about its middle for a short distance; it did not reach the ventricles. Stenosis of the mitral orifice; embolisms in the spleen, and contracted granular kidneys were also found.

Case 3.—A cabman, æt. 60, who nine months previously had had a "fit," was noticed by a policeman about 1 a.m. to be sitting on the box apparently drunk. He was ordered to get down, answered "all right" and obeyed, got into his cab and was driven to a police station. Here he vomited matter smelling of spirit, and was considered to be drunk by the medical officer who was called in, till left hemiplegia became obvious.

When first seen at the hospital some hours later he was unconscious, had left hemiplegia with rigidity, and hemianæsthesia. Reflex movement could be provoked in the paralysed limbs. Apparently deviation of eyes. He died on the day after admission.

Hæmorrhage had taken place between the corpus striatum and external capsule, dissecting off this ganglion and the thalamus from the hemisphere and entering the ventricle by a fissure in its outer angle at about the middle of its length. The body of the intra-ventricular corpus striatum was thus cut off from its tail and from the thalamus. The clot in the ventricle was not very large, and blood had not entered the other ventricles; that in the hemisphere extended forwards nearly to the apex of the frontal lobe.

The kidneys were contracted and granular, and the heart hypertrophied.

Case 4.—A woman, æt. 56, previously healthy, began to drop parcels which she was carrying, and felt giddy. She walked some distance, sat down, and became unconscious. When brought to the hospital an hour later she was apparently unconscious, had left hemiplegia with rigidity, and continual movements of right limbs. She could be roused, and then answered intelligently. She died two days later. Hæmorrhage had occurred in the situation described in previous cases, taking a direction forwards into the frontal lobe, dissecting off the corpus striatum and bursting into the ventricle.

Case 5.—A coachman was grooming his horse in the evening of December 10th, 1875, when he felt a numbness in the right arm; he did not fall or lose consciousness. Hemiplegia came on gradually in the course of an hour, he vomited, and later went off into a heavy sleep.

When brought to the hospital next day his mind was confused, his speech rapid and indistinct, and exactly like that of a drunken man, and he had right hemiplegia with lateral deviation of the eye (not of the head), and very marked hemianæsthesia. He improved a little, but on the 15th the temperature rose rapidly, being always a degree higher on the paralysed side, and he died on this day.

The hæmorrhage here was between the external capsule and the ganglia, but further back than in any of the cases previously reported, and the blood had penetrated into the ventricle between the thalamus and the intra-ventricular corpus striatum, and had also dissected up the posterior end of the thalamus from the tegmentum, and damaged the superior corpus quadrigeminum. The occurrence of extensive extravasation of blood in the situation described has been noted by Charcot, Bouchard, Bourneville, Prevost, Duret, and others, and the cases related connect it with the ingravescent mode of attack. Duret has shown that the author had observed independently that the vessels entering the brain at the anterior perforated space, and in the fissure of Sylvius for the supply of the corpus striatum run up between the grey substance of the ganglion and the external capsule; some of them are of large size, and their mode of termination predisposes to rupture. This is the great cause of the liability to large hæmorrhage. The inner layer of the external capsule consists of fibres arising in cell processes of the corpus striatum, but it is detached with great facility, offering, therefore, little resistance to extravasation of blood. The Sylvian fissure again affords room for the expansion of the island of Reil which lies immediately upon the capsule, a fact which diminishes the pressure, and not only permits of the hæmorrhage, but prevents compression of brain substance by the effused blood; thus obviating early coma and explaining the ingravescent mode of attack.

In its further course the extravasated blood must tear fibres, and it is remarkable that it does not burst through into the fissure of Sylvius from which it is separated only by a thin plane of fibres, or enter the temporo-sphenoidal lobe. The fibres torn are those of the corona radiata as they issue from the central ganglia to pass to the hemisphere, and it is probable that the intersection of the fibres of the external capsule with these, and the passage of minute arteries, and larger and more numerous veins afford minute openings by which the blood makes its way. Ultimately the blood may penetrate the ventricle or split up convolutions.

II. On the Causation of the Water-Hammer Pulse, and its Transformation in different Arteries, as illustrated by the Graphic Method.

By A. L. Galabin, M.A., M.D., late Fellow of Trinity College, Cambridge; Assistant Obstetric Physician to Guy's Hospital, and Assistant Physician to the Hospital for Sick Children.

(Received April 11th, 1876.)

(*Abstract.*)

The explanation of the characteristic pulse of aortic regurgitation now generally received differs but slightly from that given by Sir Dominic Corrigan, in his first paper on the subject, published in 1832. This explanation is that the aorta and adjoining arteries are rapidly emptied during diastole in consequence of the pouring back of the blood into the heart, while at the same time a large wave is thrown into them by the dilated and hypertrophied left ventricle. The peculiar quality of the pulse is therefore regarded as being simply the effect of an ample wave being thrown into an empty artery, and the reason why it is developed by raising the arm is considered to be merely that the radial artery is thus rendered more empty during diastole, because the reflux of the blood is then assisted by gravity.

The most diagnostic quality of the aortic pulse, however, is that from which its expressive title of water-hammer pulse has been derived, namely, the extreme suddenness in commencement of the wave. By this character it may be recognised, even when it is not very ample, as in cases in which mitral is combined with aortic regurgitation. It is, moreover, solely this quality of suddenness which is increased, on elevating the arm, since the sphygmograph shows that the height of the upstroke is generally

not increased, but diminished by this means. The hypertrophy of the heart will not account in any degree for the suddenness of the wave, for a hypertrophied muscle commences its contraction more gradually than one which is weak, and the cardiograph shows that this is true in the case of the heart. Thus, among the characters of the aortic pulse, which are manifest to the finger, that which is most diagnostic receives no explanation whatever from the common theory of its causation.

Sphygmographic tracings of an aortic pulse show a flatness in the diastolic portion of the trace, implying a corresponding emptiness of the artery, when regurgitation is great. In slighter cases, however, this flatness may be absent, even when the pulse appears characteristic to the finger, and then the only special quality in the trace is the suddenness of the upstroke. The dicrotic wave, again, is relatively smaller when regurgitation is free, but its magnitude depends on many other things besides the integrity of the aortic valves, and it may be quite as large as usual in a pulse which, to the finger, has a distinct aortic quality. Tracings are shown illustrating this, and also the effect on the aortic pulse of fever, under the influence of which the pulse may become hyperdicrotic, while the magnitude of the dicrotic wave is still relatively small. The sphygmograph shows also another peculiar quality about the pulse-wave of aortic regurgitation, namely, that it varies greatly in shape in the different arteries. Tracings are exhibited from several arteries of the same patient showing that in the carotid the wave is broad, square, and not sudden, while in the dorsalis pedis it is extremely lofty and sudden. Generally the quality of suddenness is developed nearer to the heart, and is manifest in the radial artery, but it is never marked in arteries close to the heart. Of this several other instances are shown. Thus, the water-hammer quality of the aortic pulse does not exist in the pulse-wave, as it is thrown into the aorta, but is gradually developed as the wave recedes from the heart.

In seeking the mechanical explanation of this change in the pulse-wave, by which its front becomes progressively steeper, some analogy may be found in the similar change which takes place in waves on the surface of water as they approach the shore, and in the tidal wave on certain rivers, by which it acquires a steep and broken front, known as the "bore." In these two instances the explanation is the same, namely, that the velocity of the wave is greater, the greater the depth of water. By a well-known mechanical principle, each portion of a wave may be regarded as moving, to some extent, like a separate wave. Hence, as the water becomes shallow, and the depths at the crest of the wave, therefore, perceptibly greater than the depths at its base, the summit of the wave moves faster than its front, and tends to overtake it, so that the front of the wave grows steeper and steeper, till it curls over and breaks.

In the case of pulse-waves in elastic tubes, it is proved, both by calculation and experiment, that the velocity is greater the greater the tension. Since, therefore, tension is greatest at the summit of the wave, there will be a tendency for the summit to travel fastest, and for the front of the wave to become progressively steeper. This tendency will be proportional to the difference between the maximum and minimum tension. This must hold true to some extent in the normal pulse, and accordingly it is found that normally, as the wave proceeds, its upstroke retains its steepness much longer than its downstroke, and more and more of the volume is piled up at the front of the wave. Tracings are shown to illustrate this. When aortic regurgitation exists, tension is very high at the systolic part of the wave, and very low during the diastolic portion; the change in shape is, therefore, much greater than in the normal pulse, and the front of the wave grows actually steeper as it proceeds. The water-hammer quality of the aortic pulse is, therefore, produced by the occurrence, in an exaggerated degree, of a change in shape of the wave, which happens to some extent even in the normal pulse. Since the suddenness of the wave often reaches its maximum at a point not far from the smallest arteries, the motion of the blood is probably unequal even in the capillaries, and hence the great failure of nutrition which accompanies aortic regurgitation may be accounted for.

III. Observations on Box (Buxus sempervirens), with especial reference to the true nature of Tetanus. By Sydney Ringer, M.D., Professor of Therapeutics at University College, and William Murrell, L.R.C.P., Demonstrator of Physiology at University College. (Received May 9th, 1876.)

(*Abstract.*)

The authors were induced to undertake an investigation of the physiological action of box from the frequency with which it has been recommended in the treatment of hydrophobia.

The views expressed as to the nature of box are founded partly on experiments made on frogs with buxus, and partly on the results of an investigation of the properties of gelseminum.

The paper is divided into three parts—

I. Introductory. The history of box, especially with reference to its use by the older writers on medicine in the treatment of hydrophobia.

II. Experimental. The action of box on the nervous system of frogs.

III. A consideration of the true nature of tetanus illustrated by experiments on reflex action.

The first part, being purely introductory and historical, requires no detailed notice.

In the second part details are given of experiments performed on frogs before or after the injection of box. It is shown that that drug causes first paralysis and then tetanus. The conclusions resulting from these observations are:—(1), that the initial paralysis is cerebral in its origin; (2), that the drug also produces paralysis and tetanus by its action on the spinal cord; (3), that the sensory and motor nerves and muscles are unaffected. In the third portion of the paper the authors discuss the nature of tetanus. They were led from their experiments to the conclusion that the theory of tetanus being due to an excited condition of the cord is erroneous and misleading. They, on the contrary, regard tetanus as an expression of depression or paralysis of the

cord. They show that if the symptoms induced by the injection of strychnia were due to mere stimulation of the cord, normal reflex action would be not only retained, but would be more vigorously performed. Such, however, is not the case, for in frogs poisoned by this drug irritation of the posterior extremities induces not a co-ordinated movement resulting in the withdrawal of the leg, but a general contraction of the muscles of the body causing powerful extension of the limbs. This is regarded as evidence that the impression, instead of being limited in its action to that portion of the cord on which it impinges, is widely diffused through its motor tract, the increased diffusibility being caused by diminished resistance, in other words, by depression or paralysis.

It has been stated that box causes first paralysis of the limbs and then tetanus. Such a condition, according to existing theories, must be due to a very singular combination of circumstances, viz., depression of the reflex function of the cord followed by stimulation; the stimulation continuing simultaneously with a rapid impairment of normal reflex action. It would, the authors consider, be more rational to conclude that the drug first depresses the cord so as to diminish reflex action, and then causes tetanus by paralysing its resistive force.

In health, when an afferent stimulant is conducted along a nerve, its effects are limited, but tetanizing agents by weakening or destroying the resistive power of the cord facilitate the diffusion of the impulse, and favour the excessive generation of nervous force.

It is obvious that as box weakens reflex action before producing tetanus a larger dose is required to lessen the resistance of the cord than to diminish the reflex function, and the absorption of a larger quantity of the drug is necessary for the production of tetanus.

In the case of frogs poisoned by box, even when the tetanus is very powerful, the paroxysms after a time grow weaker and weaker till finally they fade away in a mere quiver of the muscles. If tetanus were due to excitement or stimulation of the cord, it is obvious that as this condition subsides the tetanic movements should gradually decline, and at last subside with the restoration of normal reflex action. But, as a matter of fact, this order is never observed, for the tetanic movements continue to grow weaker and weaker till at last all movement ceases and general paralysis ensues.

In those cases in which, during the tetanic paroxysm, the muscular contraction is not greater or is even less than an ordinary reflex act, it must perforce be admitted that the tetanus is not dependent on an excited condition of the cord, but solely on its lessened resistance enabling an impression to diffuse itself through the greater part or the whole of the motor tract.

It was found that in box poisoning a strong irritation often excited tetanus, whilst a feeble stimulus produced only a weakened reflex action. It is contended that the explanation of this is that in these cases the resistive power of the cord is but slightly diminished, so that a strong impulse can diffuse itself, whilst a weaker is confined to that part of the cord naturally associated with the stimulated nerve. Moreover, soon after the injection the tetanus is limited to the irritated limb, because the resistive power being but slightly weakened, the diffusion of the impression through the cord is correspondingly limited, but as absorption continues the resistive power grows weaker and weaker, and the impressions diffuse themselves more readily and widely until at last the whole or a greater part of the body becomes tetanized.

In the course of some observations made with the view of determining the duration of reflex action in frogs after division of the medulla, the authors obtained some curious and unexpected results which strikingly confirm their theory of tetanus. They found in unpoisoned frogs whose brains had been destroyed by pegging that soon after the commencing decline of reflex action a condition of tetanus was observable. The tetanic symptoms were readily produced by gently lifting the animal and allowing it to fall on its back, or by striking it with the forceps in the cervical region. The tetanus varies considerably in its intensity in different cases. Sometimes the legs, though strongly shot out, were again quickly withdrawn, but in several instances the paroxysms when at their height lasted from a quarter of a minute to a minute, the limbs being so rigidly extended that the animal could be taken up by its hind legs and held out horizontally. In each of these paroxysms there was a far greater discharge of nervous force than occurs in a normal vigorous reflex act, and therefore according to current views the cord would be said to be excited. That this explanation is inadmissible is shown by the fact that tetanus is at its height at a time when the normal reflex action is much impaired, and immediately before its total abolition. The duration of tetanus varies, being dependent on the persistence of normal reflex action.

The details are given of experiments which show that this tetanus is purely spinal in its origin, and an explanation is offered of the mode of production of the phenomena. Soon after systemic death the cord becomes depressed and consequently reflex action is weakened, but with depression of reflex action there is diminution of the resistive power of the cord, whereby impressions cease to be restricted to that portion of the cord on which they impinge, and spreading widely cause tetanic movements instead of a normal reflex act. At first, before there is much weakening of the resistance of the cord, a slight stimulation induces a natural reflex action, but as depression of the cord progresses and the resistive power grows weaker the tetanic movements become more powerful, and are more readily induced.

Moreover, it was found in these frogs, at a time when a strong irritation was required to excite even slight tetanus, that a very powerful stimulation such as a succession of blows on the back would induce tetanus, a condition which was immediately followed by diminished intensity of the ordinary reflex phenomena. The correct interpretation of these facts is that the blows depress or break down the resistive power of the cord so as to weaken normal reflex action, and by allowing the irritation to diffuse itself more widely to cause increased tetanus.

This view is confirmed by the fact that on striking vigorously and repeatedly a living and perfectly normal frog between the shoulders there is excited at first a simple reflex act, but subsequently the posterior limbs after each blow are shot out in a manner which is distinctly tetanic, although the movements are far less energetic than when these phenomena are observed in pithed frogs on the decline of reflex action. This tetaniform condition occurs only when the shock of the blows has so depressed the cord that all voluntary and reflex action is for the time abolished.

The authors, whilst regarding tetanus in all forms simply as an indication of a diminution in the resistive power of the cord, point out that some tetanizing agents such as strychnia leave the reflex action unimpaired, whilst others depress both the resistive and the reflex power. Some agents, for example, gelseminum, depress the reflex function more than the resistive power, causing considerable paralysis but slight tetanus. Others, such as box, depress the resistive power early and markedly, and subsequently and in a minor degree the reflex function, the result being strong tetanus with slight paralysis.

These views on tetanus throw light on the effects of slight chemical modifications of a drug on its physiological action. It is obvious that nerves in their constitution must differ from one another and from the brain and spinal cord, since a given poison may affect one part only, leaving the others in statu quo. Strychnia excites powerful tetanus and in large doses depresses simultaneously the motor nerves, but if converted into an ethyl compound it no longer tetanises, but powerfully paralyses the ends of the motor nerves. By this change in its composition its physiological action is not reversed, for as strychnia it paralyses the constraining or resistive power of the cord, whilst as ethyl strychnia it paralyses the motor nerves. It is not converted from a stimulant into a depressant, but with the change in its chemical affinities its sphere of action is shifted and it paralyses the motor nerves instead of the resistive power of the cord.

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

Tuesday, October 10, 1876.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—48 Fellows and 11 visitors.

Books were presented by Mr. John Birkett, Dr. P. Black, Mr. B. E. Brodhurst, Mr. T. B. Curling, Dr. Geo. J. Engelmann, Dr. Wm. Goodell, Mr. F. J. Gant, Dr. Adolph Hannover, Dr. John Harley, Dr. Hayem, Mons. Horteloup, Dr. Kelly, Dr. O. Larcher, Dr. Wickham Legg, Dr. Liddle, Mr. W. MacCormac, Dr. Norman Moore, Mr. A. B. R. Myers, Mr. Walter Reid, Dr. F. T. Roberts, Professor L. Romanelli, Dr. Sieveking, Dr. George Thin, Mr. Llewellyn Thomas, Dr. Ashburton Thompson, Dr. Waring, Dr. Whitmore, and Mr. R. W. Woolcombe; the Royal College of Surgeons, the Medical Society, St. Thomas's Hospital, the India Office, and the Surgeon-General of the United States Army.

Fourteen of the earlier volumes of the 'Philosophical

Transactions' have been presented by the Royal Society towards the completion of the Society's set.

A set of foreign translations of the late Sir B. Brodie's works on 'Diseases of the Joints and Urinary Organs' have been presented by Sir Benj. C. Brodie, M.A.

Dr. Henry J. Bowditch's 'Monographs on Thoracentesis,' &c., specially collected by himself, were presented by him to the Society.

The following additions have been made to the Society's Portrait and Print Collection:

Portrait of F. J. Toulmin, presented by Mr. John Birkett.
Portrait and two plates relative to Mary Toffts, the Rabbit Breeder, presented by Mr. John J. Merrimann.
A copy of a native Indian drawing of the Taliacotian Operation, presented by Sir Joseph Fayrer.

John Mitchell Bruce, M.D., was admitted a Fellow of the Society.

The following communications were read:

I. Subcutaneous Division of the Neck of the Femur for Anchylosis of the Hip-joint; with a Table of twenty-two Cases which have been operated upon up to the present time. By William Adams, F.R.C.S., Consulting Surgeon to the National Orthopædic Hospital. (Received May 9th, 1876.)

(*Abstract.*)

During the six and a half years which have elapsed since the above operation was first performed by Mr. William Adams on

December 1st, 1869, he has collected from published and unpublished sources the details of twenty-two cases in which the operation has been performed, including five operated upon by himself.

A tabular form of these cases accompanied the paper, giving the date of operation, name of surgeon, and result. In this table it is shown that the operation was successful in twenty out of twenty-two cases; death from pyæmia resulting in one case, and death accelerated by chronic suppuration following the operation in another case, in which the patient died eight months afterwards with symptoms of kidney disease, with albuminuria as well as tubercular deposit in the lungs. Such a result bears good testimony to the general safety of the operation, the dangers of which may be greatly diminished by the judgment of the surgeon in selecting his cases and the skill shown in the performance of the operation.

In cases where there is a doubt as to the possibility of the neck of the femur being divided subcutaneously in consequence of alterations which may have taken place at the articulation, it should not be attempted; but some other operation below the joint, such as that first proposed and successfully performed by Mr. Gant, should be adopted. In two cases of anchylosis of the hip-joint, with malposition of the limb, Mr. Gant divided the shaft of the femur subcutaneously, just below the small trochanter, using instruments similar to those employed by Mr. Adams. This operation can be performed without difficulty or risk of hæmorrhage. Mr. Adams has twice divided with the subcutaneous saw the shaft of the femur for great deformity resulting from badly united fractures, and once the shaft of the humerus for straight anchylosis. No suppuration whatever occurred.

Mr. Maunder has also operated in similar cases by dividing the shaft of the femur below the small trochanter, using the chisel and mallet instead of the saw; an operation resembling those performed by Langenbeck, Meyer, Pancoast, Brainard, L. S. Little, and others.

The general result of the operation in the twenty-two recorded cases has been to correct the deformity and to obtain bony anchylosis with the leg in a straight position. In several cases useful motion has been obtained, especially by Mr. Jessop, of Leeds, Mr. Lund, of Manchester, and Dr. Sands, of New York.

II. Case of Resection of the Tarsal Bones for Congenital Talipes Equino-varus. By J. C. N. Davies-Colley, F.R.C.S., Assistant Surgeon to, and Lecturer on Anatomy at, Guy's Hospital. (Received October 6th, 1876.)

(*Abstract.*)

Notwithstanding the recent improvements in the treatment of club-foot, cases from time to time occur which, from the age to which the patient has attained, the rigidity of the tissues, and the altered shape of the bones, present insurmountable obstacles to a cure by the ordinary methods. It is not improbable that many of these cases might be successfully treated in the way which was adopted in the following instance.

Edwin Harrison, æt. 12, was admitted into Guy's Hospital on May 8th, 1875, under Mr. Cooper Forster. He was found to be the subject of severe talipes equino-varus; both feet directed inwards, the soles backwards, the heels raised, and he could barely walk on account of the suppuration of bursæ which had formed on the back of the cuboid bones. He was kept in bed and splints were applied. In September, 1875, Mr. Davies-Colley took charge of the case, and divided some tendons of the left foot. As very little advantage was thus gained, it was decided to take out a V-shaped piece from the tarsus. On October 12th this operation was performed. It was found necessary first to dissect out the cuboid bone, and then with knife and saw to cut away portions of the os calcis, astragalus, scaphoid and cuneiform bones, together with the cartilage of the two outer metatarsal bones. There was troublesome oozing of blood after the operation, which was performed antiseptically;

so a sponge was put in, and the foot left in its old position for a week. A peculiar splint was subsequently used in order to twist the anterior half of the foot into its proper position. He recovered rapidly, and on November 23rd a similar operation was performed upon the right foot. Less than six weeks after the second resection he was able to get about in a wheel-chair. In nine weeks he could walk with help. In ten weeks the wounds were quite healed; all apparatus was left off, and he was able to walk alone.

He was shown at a meeting of the Royal Medical and Chirurgical Society in April last, and he could then run, jump, and hop with considerable agility. He has since this time gone to work, and in September a letter was received from his father, which stated that he had walked six miles with but little fatigue.

The operation performed upon this boy is somewhat similar to one which was suggested by Dr. Little, and has been employed several times by Mr. Davy, viz. excision of the cuboid bone. If, however, it be the object of the surgeon to restore at once a severe case of talipes to the normal position, it is necessary to cut away large portions of the adjacent bones, as well as to remove the cuboid. This mode of procedure appears to have been once adopted by Mr. Solly, but without a very satisfactory result.

The operation must be much simpler when the foot is rendered bloodless by Esmarch's bandage. The careful use of antiseptic precautions diminishes very much the danger which would otherwise arise from the opening of so many joints and synovial sheaths. Finally, the splint which was afterwards used renders the subsequent moulding of the foot into its proper relations a very easy matter. It is an operation which may be adopted with great advantage where other methods of treatment have failed, or where the patient desires to avoid the long and painful treatment and the costly apparatus which are required for the cure of the severer examples of this deformity.

Tuesday, October 24, 1876.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—48 Fellows and 14 visitors.

Books were presented by Mr. John Birkett, Mr. T. B. Curling, Sir William Jenner, and Mr. Streatfeild; by the Registrar-General, the Zoological Society, University College, the India Office, the Bavarian Academy of Sciences, and the Provost Marshal-General's Bureau of the United States Army.

The following communications were read:

I. On the Use of the Magnet in the Detection of a Needle Broken in the Leg. By Sir BENJAMIN C. BRODIE, Bart., M.A., D.C.L., F.R.S. (Hon. Fellow). (Received October 10th, 1876.)

On the afternoon of June 24th, 1873, I was informed that a fragment of a needle had run into my son's leg. He (11 years old) had been playing with his former nurse, and having experienced pain from the stab of a needle to which a thread was attached, had attempted to pull it out by the thread. The needle broke, the part of the needle to which the thread was attached was on the floor, but the other part could nowhere be found. On examining the leg I found on the fleshy part, on the inner side of the left leg, about three inches from the knee, where the pain had been felt, a minute black speck, and on pressing the leg with the finger a very slight indication was perceived of some hard substance deep in the flesh, but so slight that, except for the circumstance mentioned, no notice would have been taken of it. The boy could not bend the knee or without pain put his foot to the ground. I laid him on the sofa, and thinking the matter serious, instantly wrote to my friend Mr. Charles Hawkins, telling him the circumstances. The next day he came to Brockham Warren and advised to leave the boy as he was for the present. Subsequently a few red spots, accompanied by a general reddening of the skin, appeared in the neighbourhood of the dark spot.

Being, however, very uneasy on the subject, I suggested to Mr. Hawkins that we should try the effect of submitting the needle in the leg to the action of a powerful magnet, which might possibly cause the needle to move towards the surface, and at any rate afford the means of ascertaining its locality. On June 28th the experiment was tried with a powerful electro-magnet at the Royal Institution, Albemarle Street, in the presence of myself, Mr. Hawkins, Mr. Prescott Hewett, and Dr. Tyndall. Dr. Tyndall having kindly made all the necessary arrangements and the leg having been placed under one terminal of the magnet, contact was made. On subsequently testing the leg with an indicating needle, a sewing needle suspended from the centre by a line of silk, the needle was violently affected, pointing to a spot within the leg, the other end of the indicator being repelled from the same spot. On changing the direction of the current similar effects were produced, but in the opposite direction. The presence and position of the needle were thus placed beyond a doubt, but there was no sign of any change of place.

Mr. Hewett and Mr. Hawkins advised that no steps whatever should be taken for the extraction of the needle, which they considered would probably through the movements of the body be brought to the surface. The pain in the leg and difficulty in walking had now disappeared, and they advised that the boy should go about, ride, and walk as usual. Their advice was followed. However, to ascertain whether the position of the needle was changed, I from time to time examined the leg with the indicator, and on July 6th I wrote to Mr. Hawkins that, since the day before, the position of the needle had entirely changed, that it was no longer perceptible either to the touch or to the magnetic needle in the place where it had hitherto been, but might be faintly perceived with the finger on the other side of the leg, where that morning I had obtained distinct, although slight, indications with the magnetic needle of its presence, showing it to be some way off. The boy suffered no pain, but had a slight sensation in the place referred to on the other side of the leg. He still was allowed to go about as before. On July 20th the needle was close upon the surface at the back of the leg, about an inch and a half from the joint, where it could easily be felt with the finger, and an elevation of the skin was seen. The magnetic needle was violently affected by it. Any movement or pressure on the leg gave pain. The needle was still moving, having changed its position a good deal in the course of the day. I sent at once to inform Mr. Hawkins of the circumstance. He came to Brockham Warren the same evening, and successfully extracted the needle on the following morning. The needle was a large sewing-needle, and the part of the needle extracted exactly tallied with the part found on the floor.

II. Notes of a Case of Pseudo-hypertrophic Paralysis, with a few Observations on Surface Temperature. By WILLIAM MILLER ORD, M.B., Assistant Physician to, and Lecturer on Physiology at, St. Thomas's Hospital. (Received October 10, 1876.)

(*Abstract.*)

William Marshall, æt. 7, has been weak on his legs for four years, and has of late fallen down very often without any convulsion or loss of consciousness.

Family history.—Father consumptive. Mother had chorea before marriage, and is still "excessively nervous." Children —1, subject of notes, eldest child; 2, next brother, æt. 6, is beginning to develop the same disease; 3, a sister, who died of convulsions during teething; 4, æt. 2½, healthy; 5, an infant, very weakly. No known history of syphilis.

William Marshall has enlargement and unnatural hardness of the calves, of the right deltoid, and to some extent of the sacrolumbar muscles. His attitudes and positions indicate general weakening of muscular power in the back and lower limbs. There is no loss of sensibility in the skin. There is no change or unnatural character in the appearance of any part of the skin.

The electrical sensibility of the muscles in general is diminished for Faradic currents. For continuous currents the calves are less sensitive than the thighs, the thighs than the sacrolumbar muscles.

The microscopic examination of the muscles of the calves revealed the presence of a very great excess of adipose tissue, and the commencement of fatty degeneration in many of the muscular fibres.

A few notes are given respecting the brother Henry Marshall, who is beginning to show slight enlargement, and to manifest the same sort of weakness though in small degree.

The question of the relative temperature of the thighs and calves is then discussed, reference being first made to a previously recorded case in which the author found the calves to be decidedly warmer (from 1·9° to 3·8° Fahr.) than the thighs. In the present case surface-thermometers made after a pattern originally used by Dr. Sibson, and provided with non-conducting pads, by which loss of heat was prevented, were used. In each experiment two carefully calibrated thermometers were used together. The skin was kept covered, the instruments were always applied to corresponding parts, were kept on from twenty to thirty minutes, and being non-registering were read *in sitû* with the least possible exposure.

The general results were that the thighs in ten careful observations were found to be 1·07° Fahr. warmer than the calves. This is still, however, different from the results of seven examinations of healthy persons in whom the average temperature of the thigh was 1·5° higher than that of the calves.

Reference is made to observations of Dr. John Davy on the temperature of different parts of the surface, from which it appears that different parts of the leg will show greater discrepancies of temperature than similarly conditioned parts of leg and thigh. Also to observations of Mr. A. H. Garrod upon the effect of exposure of the skin to cold in altering the temperature of internal parts, and to the effect of heating certain parts in depressing the temperature of others.

Lastly, in regard to the apparatus used, the author gives reasons for trusting their indications. The value of the results to be expected in the future from the use of thermo-electric apparatus is recognised, but the difficulties at present attending the use of such apparatus are regarded as rendering them unsuitable for clinical purposes. The observations and apparatus of Becquerel and Breschet and of Dr. Montgomery are particularly noticed and discussed.

After which Dr. J. ROUSSEL, of Geneva, exhibited in operation his new apparatus for safe Transfusion of Blood direct from arm to arm.

Tuesday, November 14, 1876.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—67 Fellows and 14 visitors.

Books were presented by Mr. Morrant Baker, Dr. L. D. Bulkley (of New York), Mr. B. Thompson Lowne, Mr. D. M'Keown, Mr. F. Mason, Dr. H. Maudsley, Mr. C. S. Tomes, and Dr. J. Roussel (of Geneva); the Royal Society, the Pathological Society, the Clinical Society, the Literary and Philosophical Society of Manchester, and the London Hospital.

W. R. Smith, M.B. (late of Winchester), was admitted a Fellow of the Society.

Edward Mackey, M.D., and Albert J. Venn, M.D., were proposed for election as Fellows.

The President laid a copy of the new volume of the 'Transactions' (Vol. LIX) before the meeting, and announced that it was in the course of delivery to the Fellows.

The following communication was read:

On a Form of Chronic Inflammation of Bones (Osteitis Deformans). By Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President. (Received November 1, 1876.)

(*Abstract.*)

The paper contains a description of cases of a form of chronic osteitis, of which the following are given as the chief characters:

It begins in middle age or later, is very slow in progress, may continue for many years without influence on the general health, and give no other trouble than those which are due to the changes of shape, size, and direction of the diseased bones. Even when the skull is hugely thickened, and all its bones exceedingly altered in structure, the mind remains unaffected.

The disease affects most frequently the long bones of the lower extremities and the skull, and is usually symmetrical. The bones enlarge and soften, and those bearing weight yield and become unnaturally curved and misshapen, suggesting the proposed name "osteitis deformans."

The spine, whether by yielding to the weight of the overgrown skull or by change in its own structures, may sink and seem to shorten, with greatly increased dorsal and lumbar curves; the pelvis may become wide; the necks of the femora may become nearly horizontal. But the limbs, however misshapen, remain strong and fit to support the trunk.

In its earlier periods, and sometimes through all its course, the disease is attended with pains in the affected bones, pains widely various in severity and variously described as rheumatic, gouty, or neuralgic, not especially nocturnal or periodical. It is not attended with fever. No characteristic conditions of urine or fæces have been found in it. It is not associated with any constitutional disease, unless it be cancer.

The bones examined after death show the consequences of an inflammation affecting, in the skull, the whole thickness, in the long bones chiefly the compact structure of their walls, and not only the walls of their shafts, but in a very characteristic manner those of their articular surfaces.

The changes of structure produced in the earliest periods of the disease have not yet been observed; but it may be believed that they are inflammatory, for the softening is associated with enlargement, with excessive production of imperfectly developed structures, and with increased blood-supply.

Whether inflammation, in any degree, continues to the last, or whether, after many years of progress, any reparative changes ensue, after the manner of a so-called consecutive hardening, is uncertain.

Microscopical examination of the diseased bones by Mr. Butlin are reported, and the altered shapes of two persons suffering with the disease are shown in photographs.

The diagnosis of the disease from various forms of hyperostosis and osteoporosis is pointed out, and an attempt is made to indicate the variety of diseases which have given rise to different examples of the great porous skulls found in museums.

At the conclusion of the discussion on the paper a report was read from the delegates appointed by the President to represent the Society at the Philadelphia Medical Congress (Dr. R. Barnes, Dr. C. J. Hare, and Mr. Brudenell Carter), as follows:

To Sir **James Paget**, Bart., President of the
Royal Medical and Chirurgical Society.

London; 13th Nov., 1876.

Dear President,

As the Delegates nominated by you to represent the Royal Medical and Chirurgical Society at the Medical Congress held at Philadelphia in September last, we beg leave to offer a brief report of our mission.

We all reached Philadelphia in time to take part in the active business of the Congress, but not in time to assist in settling the preliminary arrangements or the appointment of officers. We were therefore agreeably surprised to find that by a graceful act of courtesy of our American brethren two of your delegates had been elected Presidents of Sections, namely, Dr. Barnes of the Obstetrical Section and Mr. Brudenell Carter of the Ophthalmological Section.

The President of the Congress, you are aware, was Professor Gross, a man whose commanding reputation as a surgeon and whose eminent personal character could not fail to secure the first essential of success, a splendid gathering of fellow-workers animated with scientific zeal and cordial sympathy.

A programme of the constitution of the sections and of the business transacted accompanies this report. It will be sufficient to state here that there were sections for medicine, biology, surgery, dermatology, and syphilology, obstetrics, ophthalmology, otology, sanitary medicine, and mental diseases.

Addresses were delivered in medicine, by Dr. Austin Flint; on hygiene and preventive medicine, by Dr. Henry I. Bowditch; in surgery, by Dr. Paul F. Eve; on medical biography, by Dr. J. M. Toner; on obstetrics, by Dr. Theophilus Parvin; on medical jurisprudence, by Professor Stanford E. Chaillé; on mental hygiene, by Dr. John P. Gray; on medical literature, by Dr. J. G. Richardson; and on medical education and medical institutions, by Professor N. S. Davis.

The sections held their meetings in the New University of Pennsylvania, a handsome and well-appointed building admirably adapted for the work and comfort of the members.

447 delegates attended. Of these 71 were foreigners.

The sections were literally thronged to overflowing with delegates, members and visitors who had flocked together from every part of the vast continent of the United States and Canada. And although scientific gatherings so constituted often find it difficult to sustain the due state of philosophical abstraction from competing social attractions, the meetings were marked by the most earnest and steady attention to the business throughout.

Judged by the elevation of tone and ability displayed in the addresses, by the selection of topics for discussion, by the learning and masterly grasp by which the memoirs were distinguished, by the numbers and prominence of the men who led the discussions, and by the scientific yet practical value of the results, the great Medical Congress of Philadelphia must be pronounced a splendid success, deserving to be remembered as an epoch not alone in American but in cosmopolitan medical history.

All this, knowing as we do the great position held by our American brethren in the medical world, might have been predicated with confidence. It may seem superfluous for us to say it. But strong feelings will have utterance. We cannot refrain from expressing our admiration for the completeness and harmony of the conception and design of this Congress, and for the strength of purpose and working skill with which the whole was carried out to the full realisation.

At the last general meeting of the Congress an address to the President was presented by Dr. Hare on behalf of ourselves and the other British delegates, congratulating him and the several committees on the complete success of the Congress, and heartily thanking them for the unbounded kindness and hospitality with which we had been received. But we cannot conclude without attempting to convey to you, Mr. President, and through you to the Society which it was our good fortune and privilege to represent, how warmly we appreciate the unceasing exercise of all those marks of thoughtful kindness and consideration so grateful to visitors in a strange country, which were so successful in making us feel we were at home, and which contribute so much to make up a store of pleasant memories.

In addition to numerous private receptions, a public reception in the Judge's Hall in the Centennial Grounds was presided over by His Excellency the Governor of Pennsylvania (Governor Hartranft), which was attended by a large contingent of ladies and other visitors.

We feel that our faith in the strong sympathy, kindred and professional, of our American brethren warrants us in conveying to our fellow-members of this Society the assurance that the like cordial welcome awaits any of them who may be tempted, as we hope many will be tempted, to seek a playground on the other side of the Atlantic.

We have the honour to be, dear President,
Yours faithfully,
ROBERT BARNES, M.D.
CHARLES J. HARE, M.D.
R. BRUDENELL CARTER, F.R.C.S.

Tuesday, November 28, 1876.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—33 Fellows and 6 visitors.

Books were presented by Dr. H. W. Acland, Dr. W. H. Allchin, Dr. H. F. Campbell, Mr. T. B. Curling, Dr. Sam. D. Gross, and Dr. E. Lancereaux; the Pathological Society of Dublin, and the State Board of Health, Massachusetts.

The following communications were read:

1. Case of Complete Absence of both the Upper Limbs, and of Faulty Development of the Right Lower Limb. By JOHN WHITAKER HULKE, F.R.S., Surgeon to the

Middlesex Hospital and to the Royal London Ophthalmic Hospital, Moorfields. (Received November 21, 1876.)

(*Abstract.*)

The child described in this paper, Mary B—, is 4½ years old, and, excepting its deformity, viz. absence of both upper limbs and faulty development of the right lower limb, is a well-grown, healthy, pretty, and intelligent blonde, the youngest of four children, none of whom except herself have any bodily peculiarity, and her father and mother are both well formed and healthy.

The clavicles and scapulæ appear well formed, and the muscles attached to them act vigorously. There is no external mark except a minute congenital scar, and a little dimple below the outer end of the right collar-bone. When placed upright on her left foot the right foot does not reach the ground by several inches, but the thigh is plump and the leg well shaped, though smaller than the left. The foot has slight talipes equino-varus, the femur is short and misshapen, but its mobility upon the pelvis is great in abduction and circumduction, the knee-joint is loosely knit, and the axis of the tibia rotating upon the lower end of the femur both in its flexion and extension.

The left lower limb is perfect and dexterously performs offices usually devolving on the hands; she readily grasps and holds even small objects with the foot, can pick up a comb, arrange her hair, feed herself with a spoon, and even use a needle with it.

The author thought that, passing by the vexed question of the influence of maternal emotion, the case supported the theory of absence, arrest, or misdirection of development, rather than amputation of already formed limbs by constricture; the small scars and appendages which are often present being the only evidence in favour of the latter hypothesis.

The total absence of scar in this case from the child's left shoulder excludes absolutely the notion of amputation, and the scar and dimple in the right shoulder imply that here a limb bud had begun to grow out, but was blighted in inception; the defects in the right lower limb signifying a still later disturbance

of development, and the equino-varus may be regarded as an exaggerated continuance of the normal condition of the foot at birth, which has the sole turned slightly inwards.

II. On the Employment of Flexible Tubes in Tracheotomy.

By WILLIAM MORRANT BAKER, F.R.C.S., Assistant Surgeon to, and Lecturer on Physiology at, St. Bartholomew's Hospital; Surgeon to the Evelina Hospital for Sick Children. (Received November 25, 1876.)

(*Abstract.*)

The evils which so frequently result from the use of silver or other rigid tracheotomy tubes are well known. Pain and difficulty in their introduction and withdrawal, and more or less bleeding, are common; while ulceration of the trachea from pressure is frequently found after death, and in many instances has been the cause of the fatal result. Cases in illustration of these facts are quoted from various authors, and the endeavours which have been made to remedy the evil by altering the construction of the tubes are referred to.

The author then describes a tracheotomy tube which was made at his suggestion by Mr. Millikin, under the superintendence of Mr. Paley, House-Surgeon to the Evelina Hospital for Sick Children, and which, he believes, will be found to possess all the advantages of the silver tube, without its disadvantages. It is constructed of vulcanized red india rubber, and in shape and size resembles the ordinary tubes. Only one tube is used at a time, as it has been found quite easy of introduction and withdrawal; more so, indeed, than the innermost of the tubes in the usual double-tube arrangement. Hitherto the elastic tubes have been employed at periods varying from one or two days to as many weeks after the operation; and they have been used continuously, in different cases, for periods varying from a week to six months. They should not, as a rule, be introduced until about three days after operation. In no case has there been

any sign of obstruction on account of the tube yielding to the pressure of the edges of the wound in the trachea. It is necessary, however, to have always at hand for an emergency a simple trachea dilator or silver tube, especially during convalescence, inasmuch as when the tube has been left out for a few hours there may be temporary difficulty in replacing it, on account of contraction of the wound.

The elastic tubes have been found very durable, and while in use become less clogged with mucus than silver ones. They can be also cleansed as easily as the silver ones, or more so.

Cases are quoted in which the flexible tubes have been employed at the Evelina Hospital, at St. Bartholomew's Hospital, the Children's Hospital, Great Ormond Street, and St. Thomas's Hospital.

III. A Case of Lodgment of a Tracheotomy Tube in the Right Bronchus, and its Extraction. By John Whitaker Hulke, F.R.S., Surgeon to the Middlesex Hospital and to the Royal London Ophthalmic Hospital, Moorfields. (Received November 25, 1876.)

(*Abstract.*)

The tube in this case was not an old one, which by chemical action or friction had broken from its shield, but a nearly new one not previously used. The patient, H. D—, æt. 37, was a tall, thin woman, admitted on July 29th last into Northumberland Ward, Middlesex Hospital, with laryngitis. Her symptoms were so urgent that, with Dr. Greenhow's concurrence (in whose charge the patient was), immediate tracheotomy was performed. She at once breathed freely, passed a quiet night, and for a week her relief, interrupted occasionally by cough, seemed nearly complete. On August 10th, whilst the inner tube was being replaced after cleaning, the outer tube slipped through the collar and shield, and she felt it slide from the wound deeply into her chest.

Several attempts were made to seize the tube with slender long forceps, and other measures were adopted, but unsuccessfully.

Direct interference was for a time deferred; Trousseau's largest tube was inserted, which was more comfortable, she said, than Durham's, and she breathed tranquilly, but felt pain at the right of the lower part of the sternum. Her cough grew more troublesome during the next few days, with pain on the left side, and by the 13th of August, her temperature being 103° and her pulse 120, the tube was evidently provoking inflammation. Its immediate removal seemed the only prospect of rescuing her. Chloroform was given, Trousseau's tube withdrawn, and a long piece of German silver wire (one end of which was bent into a blunt hook about one eighth of an inch long, and the wire again bent at about one and a half inch above this at an angle roughly estimated as that which the right bronchus and trachea include), was passed through the wound down the trachea. The other end of the wire was bent into a large loop, the plane of which coincided with that of the tracheal end of the wire beyond the angle, and thus allowed it to be guided into the right bronchus. The tube was distinctly felt, and on the hook being slid onwards to the known length of the tube it was slowly withdrawn, and from the resistance it was found that the tube was hooked and was moving upwards. When near the tracheal wound the hook became disengaged, but the tube was here easily seized with a forceps and taken out, and Trousseau's tube reinserted.

The patient's temperature soon fell to 99° and her pulse to 96, and on the 14th she felt, she said, very well; her cough was less troublesome, she breathed with ease, and had lost all pain and tightness in the chest. All threatening symptoms gradually disappeared, and on the 15th of September she was discharged convalescent. She continued to use the tube till October 26th, when she returned to the hospital for a couple of days, the tube was taken out, and in forty-eight hours the wound had contracted so as scarcely to admit a small probe. She has continued free from tracheal embarrassment.

Some critical remarks followed as to the cause of the screw in Durham's tube becoming loosened, and on the defect of the outer tube in having no flange to prevent it slipping through the collar and being drawn into the trachea.

Other defects of Durham's tube noticed were the jointed composite structure of its inner cylinder, necessitating a great thickness of metal, and reducing thus its efficient lumen and allowing it to be more easily clogged by the mucus lodging on the ridges of its joints.

Reference was then made to the necessity of forceps for extracting foreign bodies from the air-passages being light enough to serve as a sound, and flexible enough to be bent in any desired curve. Such forceps are figured by Gross in his 'Treatise on Foreign Bodies in the Air-Passages,' published in 1854, but appear to be unknown to London instrument makers.

The benefits of the German silver wire used were its flexibility, combined with sufficient stiffness and its angulated sectional figure, which made it superior to cylindrical wires previously tried.

The author finished with some remarks on the circumstances which enabled him to conclude that the tube had lodged in the right bronchus, and with a description of a plan of operation, mentioned in a German treatise on tracheotomy, by which the bleeding, usually of an embarrassing amount, was rendered comparatively insignificant.

A series of tracheotomy tubes and instruments, to illustrate the various changes in form which had taken place since the first invention of the tube, lent by Mr. Hawksley, were exhibited by Mr. Hulke on the table of the Meeting Room.

Tuesday, December 12, 1876.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—38 Fellows.

Books were presented by Dr. C. Elam, Dr. Milner Fothergill, Dr. A. Amussat, Dr. James R. Chadwick, Dr. A. Wasseige; the Director-General of the Navy, the Literary and Philosophical Society of Liverpool, and the New York Academy of Medicine.

The following gentlemen were elected Fellows of the Society:—John Charles Bucknill, M.D., William Lewis Dudley, M.D., Edward Mackey, M.D., and Albert John Venn, M.D.

Theodore Billroth, M.D., Professor of Surgery in the University of Vienna, and H. Milne Edwards, M.D., Professor at the Museum of Natural History of Paris, were elected Foreign Honorary Fellows.

Felix Semon, M.D., was proposed for election as a Fellow of the Society.

The following communications were read:

I. Hæmophilia, complicated with Multiple Nævi; two Cases. By JOHN WICKHAM LEGG, M.D., F.R.C.P.,

Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital. (Received December 11, 1876.)

(*Abstract.*)

The writer details a case of epistaxis since boyhood, with tendency to traumatic hæmorrhages in other parts, seen in a man whose kindred were subject in like manner to bleedings. The case was further complicated by the presence of numerous nævi on the skin.

The author's theory of the pathology of hæmophilia is spoken of in connection with these vascular affections, and the paper ends with a short account of another case of congenital epistaxis complicated with multiple nævi.

II. A Case of very general Teleangiectasis, most developed in the left half of the body, associated with Abnormalities of the large Blood-vessels of the left Lower Limb and in the Neck. By JOHN WHITAKER HULKE, F.R.S., Surgeon to the Middlesex Hospital and to the Royal London Ophthalmic Hospital, Moorfields. (Received November 21, 1876.)

(*Abstract.*)

The case was chiefly remarkable for the extent of the nævoid disorder and abnormalities in the largest blood-vessels.

E. L—, an infant of a few weeks old, was in 1866 brought to the Middlesex Hospital with intertrigo in the groins and crease of the thighs, which disappeared under simple treatment, and a few nævoid specks.

In 1870 she was again brought by her mother on account of painfulness of left leg, which was swollen; the left half of the body being mottled with dull red nævoid spots (port-wine stains) running together in the foot and on the face in larger blotches. The skin in the intervals was traversed by dilated veinlets, and in the left groin the nævoid tissue formed a promi-

nent purplish spongy mass, covered by a thin epidermis. On the right side were also a few small nævoid marks. The left lower limb was considerably larger than the right.

The mother said that in cold weather the child became blue and suffered more. It was concluded that the left leg from its vascularity was warmer than the right, but on testing with the thermometer the opposite was proved to be the case.

She was again admitted on January 3rd, 1871, having lost much blood the day before, as also in the previous summer of 1870 and early in December, which the mother had thought to be from the bowels. A fresh hæmorrhage occurring, the house-surgeon traced it to rupture of small bunches of the large spongy mass. The nævoid condition of the surface continued to advance and become almost confluent, the intermediate veinlets to become more numerous and distended, and the enlargement of the left lower limb greater. The child was in much pain and very feverish, and in subsequent feverish attacks had obstinate retching. On February 5th, 1871, when she went home, the girth of the right thigh was 10⅛ in. and of the left 11⅝ in.; in May the mother reported another hæmorrhage, and in October, 1872, she was readmitted with glandular abscesses in both groins, which closed slowly. In August, 1874, she had erysipelas of the left lower limb and superficial ulcers in the thigh, and when discharged convalescent in September, 1874, the girth of the right thigh was 9½ inches and the left 11. In August, 1875, she was readmitted with intense vascular engorgement of left limb attended with troublesome retching, the patches became gangrenous, and the eschars were very slowly thrown off. Three successive attacks of erysipelas followed in October and November, and on the last occasion screaming delirium set in, and death took place twenty-four hours after the beginning of the attack.

Dr. Sidney Coupland, who made the post-mortem inspection, found that the abdominal aorta was much diminished below the cœliac and superior mesenteric branches, that the left carotid and iliac arteries were smaller than those of the right side, and that the external iliac and femoral veins were replaced by a plexus of veinlets which with others formed a "rete mirabile" intercalated between the cava inferior and left common iliac above and the pelvis and lower limb below. The left internal jugular vein was less than half the size of the right. The bulk of the left limb was greatly increased—at top of the thigh to 16¼ in., the right leg being 10¾ in. only. The limb was very œdematous and nævoid tissue was restricted to the skin and subcutaneous tissue, not invading the muscles.

The microscope revealed a cavernous arrangement of the vessels, and an abundant cell proliferation in and thickening of the connective tissues.

The author did not consider the excessive vascularity due solely to inordinate dilatation of pre-existing vessels, but that, no doubt, there was a considerable evolution of new vascular tissue. A striking feature was the gradual spread of the vascular disorder over the whole surface from a few specks in the left groin at birth.

The inordinate development of peripheral vessels would be attended with a corresponding disproportional increase of their collective sectional area over that of the feeding artery, and would favour the accumulation of blood in the capillaries, increased by the disproportionate narrowness of the common iliac; the sluggishness of the current would favour the stagnation and clotting, and promote the retention of effete matters in the limb, and thus occasion plugging of vessels and induce the repeated attacks of erysipelas; the overgrowth of the bones being an instance of the hypertrophy which is daily seen wherever overfeeding is induced by an increased afflux of blood from any cause, as the presence of a sequestrum, &c.

III. A Case of Spasmodic Contraction of the Forearm and Hand treated by Tenotomy and Excision of portions of the Median and Ulnar Nerves. By W. Spencer Watson, F.R.C.S., Surgeon to the Great Northern Hospital, &c. (Received December 10, 1876.)

(*Abstract.*)

A young lady, æt. 19, was the subject, when nine months old, of so-called infantile paralysis. The right arm and right leg had ever since been contracted at the wrist and ankle, and the hand and arm had recently been subject to violent spasmodic movements, rendering the limb useless. Sleepless nights and consequent exhaustion had produced a state of great general debility, with occasional outbreaks of hysterical paroxysms. An attempt was made, in the first instance, to limit the force and frequency of the contractions by dividing the flexor tendons of the biceps, the flexor carpi radialis, flexor carpi ulnaris, palmaris longus, and the prominent muscular fibres of the pronator teres. In consequence of the continued straining efforts of the remaining flexors and the consequent pain, no splints could be adopted, and the only effect of the tenotomy was to prevent the patient from forcing her forearm behind her back, a position which had recently given her much discomfort, from the friction of the arm against the skin. With the consent of Sir William Gull, who was consulted, a portion of the median nerve was excised; this had the effect of very much controlling the spasmodic contractions, and of reducing the temperature of the limb, which had been previously higher by 2° than that of the sound arm. Still, however, the deep adductors and deep flexors remained subject to frequent spasm, and kept the wrist forcibly and permanently flexed. Mr. Watson, therefore, with Sir William Gull's sanction, excised a portion of the ulnar nerve behind the internal condyle of the humerus. This had the effect of absolutely releasing the contracted muscles, and setting free the thumb and little fingers. The total effect had been to relieve the patient considerably of great distress, to place the limb in a more sightly and manageable position, and to improve the general health by stopping the exhausting and constant spasms. The temperature of the limb, as tested in the axilla and hand, was still further reduced after the excision of the ulnar nerve, and when last tested, the right arm was half a degree only in excess of the left. More than a year has elapsed since the ulnar nerve was divided, and there has been a steady improvement in the general health of the patient ever since, in spite of much pain still referred to the part of the arm the common sensation of which is now paralysed. There is also still great distress occasionally from the spasmodic movements of the muscles of the shoulder and side of the neck. The operations of tenotomy and neurotomy, in this case, were undertaken on the hypothesis that the original lesion, though central, was, by constant peripheral irritation, becoming secondarily aggravated. The primary mischief was central; the peripheral irritation reacted upon the centre. A vicious circle of cumulative nerve-irritation was thus established; the object of the operations was to break the continuity of that circle.

Tuesday, January 9, 1877.

Richard Payne Cotton, M.D., Vice-President, in the Chair.

Present—44 Fellows and 3 visitors.

Books were presented by Dr. Bucknill, Dr. Dobell, Mr. Pearce Gould, Mr. Berkeley Hill, Mr. Macilwain, Mr. Streatfeild, and the State Board of Health of Massachusetts.

Dr. Edward Mackey and Mr. Albert J. Venn were admitted Fellows of the Society.

The following gentlemen were proposed for election:—Sidney Coupland, M.D., George Fortescue, M.B., Alfred Pearce Gould, M.S., and Robert Samuel Hudson, M.D.

The following gentlemen were nominated by the President as a Committee of Audit, to examine the Treasurers' accounts for the year 1876:

For the Council.	*For the Society.*
Edward Ballard, M.D., *V.P.*	George Cowell.
Charles Brooke, F.R.S., *V.P.*	Robert Farquharson, M.D.
Wilson Fox, M.D.	F. G. Reed, M.D.
John Harley, M.D., *Hon. Sec.*	H. Cooper Rose, M.D.
John Marshall, F.R.S,, *V.P.*	J. Soelberg Wells.

The following communications were read:

I. Large Pendulous Tumour from the Cheek, of many years' growth, in a Gentleman advanced in years, removed by Operation. By Edward Law Hussey, F.R.C.S., Senior Surgeon to the Radcliffe Infirmary. (Received December 1, 1876.)

(*Abstract.*)

A gentleman, æt. 73, was the subject of a parotid tumour of unusually large size, which had been growing slowly for more than fifty years, and hung down far below the jaw, and rested on the clavicle and shoulder. He had taken the opinion of a medical practitioner in an early stage of the growth, but never consulted one in subsequent years, notwithstanding the increase of the incumbrance and the attending deformity.

In May last he had a sudden and alarming attack of hæmorrhage from the superficial vessels, and after this the tumour was observed to be growing more rapidly. After a consultation with Mr. Prescott Hewett, who concurred in the opinion given of the practicability of the operation and advised the performance without delay, the tumour was removed by Mr. Hussey, and the patient recovered perfectly. The operation was attended with profuse and almost fatal hæmorrhage. Great difficulty was experienced in securing the large arteries in the pedicle. It was found to be impossible before operating to compress the pedicle in any way so as to arrest the hæmorrhage which was to be expected upon division of the vessels.

In general structure the tumour seemed to be of the usual nature of parotid tumours; the older part was of firmer consistence and darker colour. It was free from cartilage and from purulent or malignant deposit. The weight was three pounds avoirdupois. The preparation had not been preserved for minute examination.

II. A Case of Sclerema Adultorum. By George Gaskoin, M.R.C.S., Surgeon to the British Hospital for Diseases of the Skin. (Received December 12, 1876.)

(*Abstract.*)

The case is that of a married woman, æt. 40, who experienced a mental shock when six months advanced in pregnancy, and was subsequently affected with certain stains or patches on various parts of the body, which had generally the character of morphœa. They were large in size, and in shade of colour mostly dark, but varying from dark red to yellowish-white with much diversity of tint. These patches were extremely hard, and were the seat of pain, anæsthesia, pruritus, and constriction. A certain proportion of them were marked by a notable subsidence of the central portion of the patch. There was besides a temporary œdema and condition of tenderness. The stains were far more numerous on the lower than on the upper limbs. The region of the head and face were alone exempt. The constitutional symptoms were not strongly marked, but assimilated to those of anæmia.

During the course of the past year these patches have gradually disappeared, and have given place to an intense staining of the general integument, so as to rival the colour of a negress, but by no means with the same uniformity of tint nor with the same universality in its distribution. It affects the greater part of the body, but more the lower half and the limbs. It is attended by a condition of sclerema, which answers generally to the sclerema of Thirial, *i. e.* the limbs are like logs of wood, they set firm and icy cold like those of a corpse, and the skin is tightly stretched, with a glossy shining surface. The sclerema affects not only the integument, but the muscles, aponeuroses, and tendons; the joints are painful and contracted, and there is also pain in the bones.

In the early stage the complaint seems to be tubercular. Knots or aggregations of tissue are found in the deep and superficial tissues. These run a certain course which anticipates the tension and the hardness; in the process of their development the skin becomes dark. The sclerema appears to be of a mobile character. It is true that all the limbs are affected and much of symmetry is discerned, but in point of time there is inequality, the invasion of these parts is not simultaneous. This disorder seems influenced by damp and cold; it appears to have something in common with the well-known arthritic affections. The urine is clouded with the lithates; the catamenia scanty and abnormal; in other respects the functions are not disturbed; and the patient's strength after three years' illness is not materially impaired.

At the conclusion of the meeting models of the arm were shown, illustrating Mr. Spencer Watson's "Case of Spasmodic Contraction of the Forearm and Hand treated by Tenotomy, &c.," read at the previous meeting of the Society in December.

Tuesday, January 23, 1877.

Sir James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—34 Fellows and 1 visitor.

Books were presented by Mr. T. B. Curling, Mr. Benj. Duke, and Dr. J. O. Habershon.

Dr. J. C. Bucknill was admitted a Fellow of the Society.

The following communications were read:

I. On the Minute Anatomy of two Cases of Carcinoma of the Breast, preceded by Eczema of the Nipple and Areola. By Henry Trentham Butlin, F.R.C.S., Surgical Registrar to St. Bartholomew's Hospital. (Received January 3, 1877.)

(*Abstract.*)

The same conditions were found in these cases as in the two breasts which were the subject of a communication to the Society last session (see 'Transactions,' vol. lix), namely, dilatation of the ducts and alteration of their epithelium, with proliferation of the same; infiltration of the surrounding connective tissue with small cells; dilatation of the small ducts and acini with proliferation of their epithelium.

Further, there were in these cases, fusion of the acini and ducts, thus filled with proliferating epithelium, into larger and irregular

spaces, and escape of the contents or growth of the contents into the surrounding tissues, producing the full formation of carcinoma.

With a view to discovering the origin of the newly formed epithelium in the ducts and acini, a careful comparison of the characters presented by this epithelium and by the cells in the connective tissue was made. The difference was most marked. No transitional forms could be discovered. No connection was found between the two sets of cells.

It is therefore held that the disease is essentially a disease of the epithelium of the mammary gland. The disease is thought to travel from the surface of the nipple and areola through certain of the ducts to the smaller ducts and acini.

II. Case of slowly advancing Sclerema attended by Cardiac and Gastric Disorders. By JOHN HARLEY, M.D., Assistant Physician to, and Lecturer on Physiology at, St. Thomas's Hospital. (Received December 11, 1876.)

(*Abstract.*)

The patient has been under the author's observation for nearly five years. He is a man of fair complexion and of rather feeble constitution. He is in his fiftieth year, and a stonemason by trade.

He was obliged to give up work in February, 1872, and applied to the author a month later. Then he was unable to close the hands on account of induration of the subcutaneous tissue. The fingers were of normal size, hard like wood, dusky, very cold and moist. The induration was marked around the wrists so as to reduce the movements of the joints to a minimum and render them painful. The rotatory movements of the forearms were reduced to one half. The induration gradually subsided at a little distance below the elbow. The temperature of the fingers was usually from 3° to 5° only above that of the external air. Touch was but very slightly, if at all, diminished.

From the first there has been a tendency to gangrene at the extreme tips of the fingers.

During the progress of the case the face gradually lost power of expression, the mobility of the skin, especially over the malar bones and forehead, decreased, and the subcutaneous tissue became firmer. The affection spread over the neck and upper part of the chest, and the aponeurosis of the external oblique became hard and unyielding.

The characteristic features of the disease are best displayed on the neck. The integument in front forms a thin, hard, rigid plane, gathered into vertical ridges feeling like knotted cords, and complete extension of the head is prevented. The skin is drawn very tightly over the upper part of the chest. The sides and back of the neck are mottled red and white with what may be regarded as interrupted lineæ atrophicæ, forming regularly arranged areolæ measuring from half to three lines in width. The pink areolæ exhibit to the naked eye ramifications of minute blood-vessels, such as are seen in this locality in persons much exposed to the weather; the extremities of these vessels terminate abruptly in the margins of the colourless areolæ. These latter are of ivory-like whiteness and opacity, and usually are absolutely bloodless. The skin of the affected parts retains, as far as can be ascertained, its normal degree of sensitiveness. Apart from wasting of the muscles from want of use, and excepting the cutaneous muscles, the muscular system is free from disease. The course of the disease has been marked by increasing debility, and the patient has for the last two years experienced attacks of pain in the cardiac and epigastric regions attended with flatulency and ending in retching and vomiting of sour or bitter fluid. The pulse began to intermit, and at times the intermission was so regular that with a regular radial pulse of 40 to 42 there were just double the number of cardiac systoles, every other one being too feeble to reach the wrist; and occasionally the secondary beats disappeared from the heart, which then beat in unison with the pulse, 40 to 42 times a minute. Some days the pulse is regular, other days very irregular. Associated with the stomach derangement he is liable to attacks of palpitation, and sometimes of extreme faintness. The patient is at present weakly, ill-nourished, and semi-anæmic. After slight exertion he "feels faint, as if he had no breath at all," and a slight prolapse of the mucous membrane of the bowel with a little mucous discharge comes on. He is liable to profuse perspirations. The lungs and kidneys are normal.

Pathology.—The author, drawing attention to the condition of the skin of the neck, and to cases in which the subcutaneous tissue of the palm becomes slowly adherent as a depressed, hard, tucked-in cicatrix, a condition which exists in the patient himself, concludes that the sclerema is merely the direct result of atrophy, *pari passu*, of the blood-vessels and of the lacunæ and canaliculi of the connective tissue, converting thereby the soft, moist, open, and well-nourished network into a hard, comparatively dry, close and ill-nourished tendinous tissue. The atrophy he believes to be due to depression of sympathetic (vaso-motor) nerve power, that the functional disturbance of the heart and stomach is due to the same cause; in a word, that the case above described is one of slowly advancing paralysis of the sympathetic system of nerves generally, and that the affection is manifested at the periphery by the atrophy of the connective tissue, and nearer the centre by the grave disturbances of the circulatory and digestive functions.

Tuesday, February 13, 1877.

CHARLES BROOKE, M.A., F.R.S., Vice-President, in the Chair.

Present—21 Fellows and 6 visitors.

Books were presented by Dr. Patrick Black, Dr. A. de Giovanni, and the Royal Society of Edinburgh.

Dr. William Lewis Dudley was admitted a Fellow of the Society.

The following gentlemen were elected Fellows:

Sidney Coupland, M.D.
George Fortescue, M.B., M.R.C.S.
Alfred Pearce Gould, M.S.
Robert Samuel Hudson, M.D.
Felix Semon, M.D.

The following gentlemen were proposed for election:

J. Cranstoun Charles, M.D.
Alban H. G. Doran, F.R.C.S.
Tilbury Fox, M.D.
J. Rickman Godlee, F.R.C.S.
Francis Warner, M.D.
Wm. T. Whitmore, M.R.C.S.

The following communication was read:

Dislocations of the Thigh: their Mode of occurrence as indicated by Experiments and the Anatomy of the Hip-joint. By Henry Morris, M.A., M.B., F.R.C.S., Assistant Surgeon and Lecturer on Anatomy at the Middlesex Hospital. (Received January 9th, 1877.)

(*Abstract.*)

An attempt is made to show that dislocations of the thigh on to the dorsum of the ilium never occur, as is usually stated, while the limb is *ad*ducted unless the dislocation is complicated with fracture, that all kinds of dislocation take place while the limb is *ab*ducted, and that it depends upon the degree of extension or flexion, and of external or internal rotation, associated with the abduction at the moment of accident, whether the head of the femur will be thrown forward or backward.

The anatomy of the hip-joint, the results of experimental dislocations in the cadaver, and the positions of the body at the time when dislocation has actually occurred in the living, are adduced in support of this view.

The conclusions arrived at in the paper are the following:

1. That the ilio-femoral ligament is a thickened triangular or fan-shaped area of the capsule of the hip-joint, and not a "Y-" shaped ligament; that besides the ilio-femoral band there is a large portion of the capsule very thick and strong, and that if two lines be drawn, one from the tuber ischii to the top of the trochanter major, and the other from the anterior inferior iliac spine to the trochanter minor, all the capsule between them above is thick and strong, whereas all below and between is thin and weak.

2. That the thickened portion of the capsule determines the kind of manipulation necessary for reduction, and should be relaxed by flexion and abduction during any attempt to reduce a dislocation of the thigh.

3. That the degree of extension or flexion, and of external or internal rotation of the thigh at the time of luxation, determines whether the dislocation will be pubic, thyroid, sciatic, or dorsal; and that subsequently the "bridling" effect of the thickened portion of the capsule fixes and gives character to the dislocation.

4. That all dislocations of the thigh, uncomplicated with fracture, occur while the limb is abducted.

5. That *posterior* dislocations result when flexion and inward rotation accompany abduction, and the *anterior* when extension with outward rotation accompany abduction, while the downward or thyroid variety occurs during extension and abduction.

6. That by the movements of the usually successful methods of manipulation the head of the femur is brought (by flexion, abduction, and *reverse* rotation) to the part of the capsule through which it was displaced, viz. to the lower and inner side of it.

7. That the new position of the head of the femur in the sciatic as in the dorsal dislocations is *above* the obturator internus muscle, though in both varieties the bone leaves the acetabulum through a rent in the capsule below that muscle; and that for these reasons the classification of the posterior dislocations into "dorsal above" and "dorsal below" the obturator internus, as

made by Bigelow and followed by others, is misleading, if not invariably incorrect.

8. That dislocation through a "button hole" is *not possible*, owing to the inelasticity of the capsule and the large size of the head of the femur compared with the width of the capsule from pelvis to femur; and that in the reputed cases of unsuccessful efforts at reduction of this sort the real obstacle has been either a portion of muscle or of the capsule itself carried before the head of the femur into the acetabulum, or of a fragment of the head of the femur left in the acetabulum.

9. That the rim of the acetabulum of itself offers no real resistance to reduction.

10. That in the exceptional case of a *direct* dorsal dislocation the untorn muscles and capsule would resist reduction by ordinary manipulation, and that this resistance would be appreciable by the surgeon.

11. That *direct dorsal* dislocations, or those which are said to occur during *ad*duction, are always the result of immense violence, and are always associated with fracture of the acetabulum or of the head of the bone or of both.

12. That violent pain in dislocations at the hip is caused by the sciatic nerve being pressed upon or looped up by the femur, and that pain or paralysis after reduction is due to dragging forward of the nerve upon the neck of the bone or to its rupture in the act of reduction.

13. That in reducing dislocations associated with great pain it would be well to draw the head of the bone away from the side of the innominate bone during the movements of flexion and abduction, so as to disengage the sciatic nerve, and thus prevent either of the accidents above mentioned.

At the end of the meeting Dr. G. H. Evans exhibited a patient with an eruption which he considered to be the "Acne Cachecticorum of Hebra." The following are the notes of the case:

Richard P—, æt. 32, labourer, admitted into Middlesex Hospital, 30th January, 1877.

Father, mother, and nine brothers and sisters living and healthy.

Was strong and well up to seventeen years of age, when he had a fit, in which he was struggling, and held down, unconscious, for some hours. A few times subsequently he also had fits, in which he struggled, and was held down, unconscious; but these were always subsequent to a very heavy bout of beer drinking. Has been in the habit of drinking much beer, as much as six quarts a day. States he has never had gonorrhœa or syphilis, and has never suffered from sore throat. (On examination in more than one hospital no scar or other evidence of chancre could be found, but during his present illness glands in both groins appear to have been enlarged.) His work during the summer months was generally in brick-fields, where he earned from twenty to twenty-five shillings a day, but did not do so much work as some of the other men. In the winter months his work was various, and he did not earn so much as in summer. His statements do not seem invariably reliable, but it is probable that he spent a good deal of the money he earned in riotous living.

Having obtained the notes more or less full of the various gentlemen who have treated him during his illness, I think it best to give the history of the case, as derived from these sources, before giving a description of the case on its admission into the Middlesex Hospital.

In April, 1876, he noticed some spots like white pimples below both knees. They itched, but not very much. They ended by scaling. Soon similar pimples appeared on the flexor surface of the forearms, and finally they were seen on nearly every part of his body, but rarely on the face, and only in small quantity on the scalp. He had to give up work early in May partly owing to the fact that his companions considered that he had the itch and avoided him in consequence.

He was taken into Charing Cross Hospital in June, where he remained for about ten days. Dr. Sangster considered that the case looked like a mixture of scabies and syphilis. He showed the man to Mr. Jonathan Hutchinson, who is reported to have said that "it somewhat resembled a mixture of scabies and syphilis, and also that he had never seen anything like it before." Fungus and acari were looked for under the microscope, but were not found.

On the 22nd of July he commenced attending at St. George's Hospital as an out-patient under Dr. Whipham, who commenced treating him with Liq. Arsenicalis (♏iij) on the 27th, and with soda baths.

On August 3rd he was much better.

On August 10th a fresh crop of eruption was coming, and he was made an in-patient. Dr. Whipham's description of the eruption at first was that he was "covered with bullæ (except face), the bullæ being of the size of a threepenny piece down to that of a small pea. The eruption was very irritable. The bullæ were some clear, some filled with thick fluid, some half filled with thick fluid below, and the upper half clear." Pus or leucocytes were found in the fluid.

The description made by the registrar on his admission was as follows:—"Every part of the body, except the hairy scalp, the face, and the genitals is covered with a bullar eruption in all stages; the early stage is a small, clear white, round, prominent vesicle of serum, becoming larger, losing its regular shape, and part of its contents becoming purulent; it then bursts, forms a scab, which falls off, leaving only a reddish maculation. The eruption is slight on the palms and soles, on the back of the hands, and to a less extent on the knees; it is here and there confluent, and the skin is scaly and œdematous. The bases of the bullæ are nowhere raised or hard."

He remained in St. George's Hospital till he was made an out-patient on the 25th of October. During this time he had five relapses or reaccessions of the eruption, becoming nearly well for a very few days in the intervals. He was treated with Liq. Arsenicalis, gradually increased from ♏iij to ♏viij three times a day, discontinued in the middle of August, and soon resumed once a day, three days later thrice a day. This medicine was, however, soon discontinued, and Liq. Hydrargyri Perchl. ʒj, Potassii Iodidi gr. x, ordered instead, the iodide being increased at the end of a week to gr. xv. Two days later Liq. Potassæ Arsenitis ♏v t. d. s. was prescribed, and two days after that discontinued in favour of sulphur ointment and soda and bran baths.

, On September 15th Liq. Sodæ Arsenitis ♏v t. d. s. was ordered, increased on the 22nd and 29th to ♏vij and ♏viij.

On October 12th (on a fresh outbreak) the mixture was ordered four times a day.

On the 24th October the medicine was discontinued, and on the 25th he was made an out-patient.

On the 26th a fresh crop had appeared, and he was ordered Potassæ Acet. ℈j, Spiritûs Ætheris Nitrosi ʒj, Tincturæ Ferri Acetatis ♏x, ex aqua t. d. s.

On November 9th fresh crops were still coming, and on November 16th there was a copious eruption on the hands and a few spots on the legs. Ordered Liq. Strychniæ ♏v, Acidi Phosph. dil. ♏xx, ex aqua t. d. s.

For a month before his admission into the Middlesex Hospital this patient was under treatment by Mr. C. W. Chapman, of Shepherd's Bush, who sends me the following notes:—"When P— first presented himself he was covered with small vesicles filled with fluid, which in some cases was serum, in others purulent. The itching was at times intolerable. His appearance very much resembled that of a man with confluent smallpox, the form and shape of the vesicles, of course, excepted. From his history and from information gained elsewhere I found the man had been intemperate and had been for some time past living chiefly on "drops of drink." I failed to obtain any history of syphilis or any local cause either. I prescribed arsenic, alkalies, and bark. I ordered washings with thin gruel, and afterwards a weak detergent lotion. After about a fortnight's treatment the skin was quite well. In about four or five days, however, the disease returned, first in the fingers, then on the thighs.

"The opinion I formed from the commencement, and which I still adhere to, is, that, whatever name might be given to the disease, the cause was a cachectic condition brought on by intemperance and insufficient food."

On his admission into the Middlesex Hospital his body and limbs, but not his face, were covered with an eruption in various stages, the development of which we have had many opportunities of watching. It commenced as a red elevation about the size of a small pin's head, growing rapidly, on about the second day containing thin pus, increasing rarely to the size of a split pea, about one eighth of an inch being the usual diameter. In a few days the vesicles broke, and the fluid drying up a crust was formed, soon becoming scaly, and finally falling off, leaving no loss of substance, but a pigmented spot. The back has been lately comparatively free from eruption, but shows evidence of having been considerably affected. All the rest of the body except the face and scalp have shown spots in various stages, but the palms and soles have been less affected than other parts.

Up to about the 8th February fresh spots continued to appear, though not in large numbers. After that date, for a few days, there appeared to be no fresh ones, but about the 21st February a very considerable fresh eruption, especially on hands, feet, and buttocks, made its appearance, "with very severe itching;" but there has been very little evidence of scratching.

On his admission he was put on what may possibly be called expectant treatment, viz. Potassæ Chloratis ♏v, Inf. Gentianæ Co. ℥j, t. d. s. This was before he came under my care. Wishing to observe the progress of the case for a time unaffected by treatment I did not alter the prescription, but on the 8th February slightly improved his diet.

On the 24th he was ordered 8 oz. of meat daily, beef tea 1 pint, milk 2 pints, 2 oranges, and a pint of light claret; also Ol. Morrh. ʒj bis, Hst. Quiniæ cum Ferro t. d. s. ante cibos, Syrupi Ferri Iodidi ʒss t. d. s. post cibos, and almost immediately a considerable improvement was seen in his condition.

I may say that Dr. Thin examined his blood on several occasions, using Malassez's method for counting the red corpuscles. On the first two occasions, February 6th and 8th, his blood contained far less than the normal amount of red corpuscles.

On the 23rd there was about a normal amount of these, but white corpuscles were (as they had been previously) very much in excess.

March 5th.—He is now as nearly clear of the eruption as he has been since the commencement.

The appearance of the eruption very closely resembled that of Hebra's plate of *acne cachecticorum,* the description of which disease, as appended to the plate, is as follows:—"Cachectic individuals, especially those on whom evident manifestations of scrofulosis are observed, who suffer from glandular swellings, caries, loss of fat in the form of the so-called pityriasis tabescentium and scrofulosorum, that is to say, a seborrhea universalis; farther, individuals who suffer from the disease named by me lichen scrofulosorum; finally, as a consequence of scurvy (in which latter case each acne nodule is surrounded by a livid, hæmorrhagic, blue-red border), such persons are affected by acne eruptions which have no comedo in them, are not limited to the skin of the face, breast, and back, but occur everywhere, over the whole surface, on the extremities as well as the trunk. In this respect they resemble the acne-like eruptions which occur in syphilis (*syphilis cutanea papulosa*), from which, however, they differ not only in their further progress, but also especially in that they do not give place to ulceration. For the reasons above explained the term *acne cachecticorum* seems a fit designation for this disease."

Dr. Thin demonstrated M. Malassez's method of estimating the number of blood-corpuscles in a given volume of blood.

Tuesday, February 27, 1877.

SIR JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

Present—47 Fellows and 12 visitors.

Books were presented by Dr. W. H. Robertson, Dr.

Sieveking, the India Office, and the Royal University of Christiania.

A photograph from a portrait of P. M. Schlegel, M.D., of Hamburg, 1653, and an autotype page from the MS. Lectures of Harvey on the 'Circulation' (1616), were presented by Dr. Sieveking.

Sidney Coupland, M.D., and Alfred Pearce Gould, M.S., were admitted Fellows of the Society.

The following communications were read:

I. On Necrosis without Suppuration, with a Case of Intra-osseous Necrosis of the Femur without Suppuration, for which Amputation at the Hip-joint was performed. By W. Morrant Baker, F.R.C.S., Lecturer on Physiology and Assistant Surgeon to St. Bartholomew's Hospital, and Surgeon to the Evelina Hospital for Sick Children. (Received January 10th, 1877.)

(*Abstract.*)

The author begins by relating the particulars of a case which was admitted into St. Bartholomew's Hospital, under his care, in August, 1872, with the following history. The patient, a man aged twenty, was quite well until about ten weeks before his admission, when he began to suffer from pain and swelling in the left thigh. Both pain and swelling gradually increased, until, at length, being unable to continue his work, he was admitted into the Holborn Union Infirmary under the care of Mr. Norton, at whose request he was subsequently transferred by Mr. Baker to St. Bartholomew's Hospital. Before he left the infirmary, however, as he was walking in the ward, the left leg gave way suddenly under him and he fell; and it was found subsequently that the femur had been fractured in its middle third.

At the time of the patient's admission into the hospital there were the following symptoms:—The left lower limb, apparently shorter than its fellow by an inch or two, lay helplessly on its outer side, with the leg slightly flexed. In the thigh was a large tumour, hard and incompressible, which occupied the whole of the middle third of the femur, and extended *below* to within a short distance from the knee-joint, and *above* to the trochanters. In its middle third, where the swelling was greatest, the femur was considerably deformed by an ununited fracture. The integuments and other soft parts were quite natural. There was neither redness nor œdema, nor could fluctuation, as of confined fluid, be at any part detected; nor were there any constitutional symptoms indicative of inflammation or impending suppuration. The patient was said to have lost much flesh, and he was evidently in process of being gradually worn out by acute pain and sleeplessness. His temperature was below 100° Fahr. The femoral glands were not enlarged.

There was no doubt in the minds of all who saw the patient that the case was one of malignant tumour of the femur; and all were unanimous in the belief that nothing short of amputation would give him any chance of relief. The limb was accordingly amputated at the hip-joint. The patient rapidly recovered flesh and strength after the operation, and, in the course of a few weeks, left the hospital well.

On dissecting the limb it was found that the disease was not malignant tumour, but necrosis. Nearly the whole of the femur had perished, and at the seat of fracture there was but little union. But there was no sign of suppuration, and not a drop of pus could be anywhere detected, even after section of the whole length of the bone. In some parts the dead bone was beginning to separate, while in others it was still immoveable. A large quantity of new bone had been produced by both the periosteum and medullary membrane, and the dead bone was "locked" in a manner which must have rendered futile all attempts to remove the disease by any other method than amputation.

The author proceeds to the consideration of the questions which naturally arise with respect to conditions so remarkable; extensive necrosis, without the formation of pus, being so rare as to be almost unknown to surgical pathology.

The following are the conclusions to which the various facts and arguments brought forward by the author seem naturally to lead:

1. That nearly the whole of the shaft of a long bone may perish, and that, nevertheless, suppuration, after several weeks, or months, and, possibly, even years, may be still absent.
2. That necrosis of a long bone may, in the absence of suppuration, closely simulate malignant disease, and even to the extent of undergoing so-called spontaneous fracture, and that the latter event may not, for at least many weeks, be followed by suppuration.
3. That this apparently strange deviation from the course of the symptoms usually accompanying necrosis is probably due to the fact that the death of the bone is the last of a series of changes of which the earlier consist of chronic inflammation, hypertrophy and sclerosis.
4. That the symptoms of necrosis occurring in the course of chronic ostitis, more especially in adults, may be expected to pursue, and do pursue, a course which is different, in many respects, from that which is characteristic of the more common examples of necrosis.
5. That suppuration is not an early event, usually, in cases of necrosis from chronic ostitis.
6. That in such cases of necrosis the endosteum as well as the periosteum contributes a large quantity of new bone.
7. That it may be well, for distinction's sake, to term this variety of necrosis, in which the sequestrum is enclosed between periosteal and endosteal new bone, *intra-osseous* necrosis, whether with or without suppuration.
8. That there exist cases of intra-osseous necrosis, in which complete removal of the dead bone by a surgical operation is, from the nature of its connections, a practical impossibility, and for which, therefore, if the symptoms are sufficiently distressing, amputation is the best remedy.

9. That, in favorable cases, and when the disease is not extensive, the surrounding parts, after suppuration, may heal, although some dead bone is permanently confined within its new sheath; the separation of the dead from the living being indefinitely postponed.

10. That the peculiarity of the case which forms the text of the paper is to be found rather in the rarity of spontaneous fracture, and of opportunities of examining the bone by section, in cases of necrosis from chronic inflammation, at an early stage, before suppuration has occurred, than in the nature of the case itself.

The paper is illustrated by drawings and specimens of intraosseous necrosis, with and without suppuration; and also, for comparison, by illustrations of chronic ostitis, which has led to hypertrophy and sclerosis, but not to necrosis.

II. Three Hundred additional Cases of Ovariotomy, with remarks on Drainage of the Peritoneal Cavity. By T. Spencer Wells, F.R.C.S., Surgeon to the Queen's Household and to the Samaritan Hospital for Women.

(Received February 5th, 1877.)

(*Abstract.*)

The author has arranged in a table, similar in form to those in which he brought 500 cases of ovariotomy before the Society between 1859 and 1872, 300 additional cases representing the whole of his practice from the fifth to the eight hundredth case, distinguishing the cases performed in the Samaritan Hospital from those in private houses and in nursing institutions. The mortality in the sixth series of 100 cases was 29, in the seventh and eighth 24. This very nearly corresponds with the general mortality in the 500 cases previously reported. But the author believes that the latter series comprises many more operations in proportion performed under very unfavorable or almost hope-

less conditions. In many cases where he formerly thought it right to put so very unfavorable a prognosis before a patient and her advisers that they probably did not desire or approve of operation, he has latterly been encouraged by recoveries in some cases apparently almost hopeless to express a more hopeful opinion, and, although in some cases very unexpected recoveries have been recorded, the result has often been what was feared, and the influence upon the number of deaths in proportion to the recoveries is quite appreciable.

The author then discusses the influence of drainage of the peritoneal cavity—the most important of recent modifications of operative procedure—upon the results. He traces the history of the practice from the early days of ovariotomy, when drainage by the ligatures securing the pedicle was the rule of practice, to its disuse when the *extra*-peritoneal treatment of the pedicle and the *intra*-peritoneal methods of ligature or cautery were very generally adopted. He considers the occasional use of puncture and drainage—with or without simple or antiseptic injections—when called for after operation, to be no foundation for recent recommendations to prepare at the time of operation for drainage or injection in every case. Of the 300 cases now brought before the Society he had only made provision for drainage at the time of the operation in eight, and in only eleven other cases did fluid afterwards escape by opening of some portion of the wound, or by vaginal puncture. In some few of the fatal cases he thinks either primary or secondary drainage might have been useful, but he believes that drainage should not be a general practice in ovariotomy, but should be reserved for the exceptional cases where collections of blood or serum may be expected to follow the operation.

The author then describes the different modes of draining, and of using simple or antiseptic injections; reserving for another communication the important question of the more complete adoption of antiseptic precautions before, during, and after ovariotomy.

ANNUAL MEETING.

Thursday, March 1, 1877.

James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

resent—64 Fellows.

he President took the Chair at 8 p.m., and stated that ballot for the election of Officers and Council for the year 7-78 would be open for one hour, nominating Sir Joseph yrer, M.D., F.R.S., and Dr. H. G. Evans as Scrutineers.

The Audited Balance Sheet of the Income and Expenditure the Society for the year 1876 [see page 163*] having been ready circulated among the Fellows, with the notice of the eeting, was taken as read, and the Hon. Secretary, Mr. ohn Whitaker Hulke, commenced reading the Report of the resident and Council as follows:

In laying the Annual Statement before the Fellows, the President and Council have to report the following particulars as to the general and financial condition of the Society:

The number of deaths among our Fellows has been seventeen, which is just below the average of many preceding years. They include two foreign Honorary Fellows, nine resident, and six non-resident Fellows.

Nineteen new Fellows have been elected, consisting of two foreign Honorary Fellows, thirteen resident, and four non-resident Fellows.

Five resident Fellows have become non-resident, and two non-resident have again become resident.

There have been no resignations, but there has been one erasure of name for non-payment.

The total number of Fellows, honorary, resident, and non-resident is 651 [as seen by Table annexed].

TABLE OF FELLOWS.	Honorary.		Resident.			Non-resident.		Totals.
	English.	Foreign.	Composition for Subscriptions.	Paid Subscriptions for 1876-7.	To pay for 1877-8.		Paid Composition for 'Trans.'	
December 31st, 1875 . . .	11	17	70	257	...	210	62	650
Elected Dec. 1874 to April, 1875, but not subscribing for 1875-6	...	...	...	+16	...	...	...	...
Ditto, Dec. 1875, not subscribing for 1876-7 . . .	...	...	...	...	+9	...	...	...
Deceased during 1875 . . .	...	...	...	—2	...	...	...	...
Deceased during 1876 (in Report, March, 1877) . .	...	—2	—5	—1	—3	—6	...	—17
Paid composition fees, 1876 .	...	...	+8	—8	...	...	..	...
Resident became non-resident	...	...	...	—5	...	+5	...	...
Non-resident became resident	...	...	...	+2	...	—2	...	...
Resigned from March, 1876 .	...	...	...	...	...	...	...	...
Erased for non-payment . .	...	...	...	—1	...	...	...	—1
Elected 1876 (Feb. and April)	...	...	...	...	+9	+2	+2	+13
Ditto 1876 (Dec.)	...	+2	...	...	+4	...	...	+6
Totals, Dec. 31st, 1876 . .	11	17	73	258	19	209	64	651
				350		273		

It will thus be seen that the total number of the Society is nearly the same as last year [one more], and in continuance of a statement in the last report relative to the annual decrease in the number of subscriptions in a corresponding ratio with the number of composition fees paid, it will be noticed that though the number of the latter has again been about the same as in the last five years, viz. eight, there has not this year been the corresponding decrease in the number of subscriptions, and it appears that the number of Fellows able to avail themselves of the final composition fee during the next quinquennial period will be much reduced.

The total receipts for the year are slightly less than those for 1875, but this is only apparent, as the decrease consists in the less amount received for composition fees, which are not available income.

The ordinary expenditure is about the same as in several previous years, varying only from that of last year in the item of 'Transactions,' the recent volume of which, owing to expensive illustrations, has cost about £100 more than that for 1875. This sum, with several items of extraordinary expenditure, viz. builder's account, conversazione, &c., has consumed the balance of £121 in hand at the commencement of the year, and left the Society with a deficit on the year's account of £28 2s. 3d., a sum which will be immediately paid off with the commencement of the new year's receipts, but which warns us of a necessity for exertion to maintain the Society at its present level of usefulness.

The Society have elected Professor Billroth and Dr. Milne Edwards as Honorary Fellows of the Society. The late Professor L. Traube, of Berlin, had also been nominated by the Council for election, but died previous to the time when his election would have taken place.

On the foundation of the Marshall Hall Memorial Fund in 1872 it was determined that a prize should be awarded at intervals of not less than five years for the best original work done during the previous five years and recorded in the English language, in anatomical, physiological, or pathological research relative to the nervous system. The first period of five years expires in July next, and the Council therefore will have then to consider the adjudication of the prize to be given at the next annual meeting in March, 1878.

The committee appointed to examine into the relations existing between the diseases commonly known respectively as membranous croup and diphtheria has held meetings during the past year. It has been mainly engaged in collecting evidence bearing upon certain of the more important facts at issue. A circular with this object was sent in June last to every Fellow of the Society, and to fifty-one other persons. Eighty-two replies have been received, and also numerous pamphlets. To facilitate the investigations and the drawing up of the report, a clinical section composed of Drs. Dickinson, Gee, Semple, and Greenfield, and Mr. Howse, and a morbid anatomy section composed of Drs. Fagge, Payne, Greenfield, and Mr. Howse, have been formed.

Some time must elapse before the committee will be able to make their report, and they believe that if the investigations be prolonged on the basis they have adopted, and with the aid of further information which they believe is attainable, that facts will be established which, if not absolutely conclusive, will be of great value in determining the identity or non-identity of croup and diphtheria.

In response to an invitation from the President of the International Medical Congress held in Philadelphia, 1876, our President nominated Dr. Hare, Dr. Barnes, and Mr. Brudenell Carter as delegates to represent this Society at the Congress. These gentlemen accepted their nomination and two of them were at the Congress appointed Presidents of Sections. On their return from America the delegates presented their report, which was read to the Society at its meeting on the 14th of November last [see page 127]. It speaks of the Philadelphia Medical Congress as a splendid success, and of the unbounded kindness and hospitality shown to our delegates.

In June last the President received a letter from Sir Rutherford Alcock stating that the oil portraits of Mr. Thomas Alcock and of himself, given by him to the Society in 1866, were presented under an impression that the Society was desirous of forming a gallery of portraits of those who had been and who were its Fellows. He had lately found that he had acted under an erroneous impression, the collection being one of engraved portraits; and as some members of his family wished to possess the oil portraits of Mr. Thomas Alcock and of himself, he ventured to hope that the Council might be able to gratify this desire. Sir Rutherford Alcock was informed by the Secretary that the Council regretted that it had no power of granting the wish contained in his letter, but that it would in due course of time recommend the return of the portraits to him by the Society at their next general meeting.

At the first meeting of the Council after the receipt of the news of the death of the late Dr. Sibson, one of the Honorary Librarians of the Society, the Council requested the Honorary Secretaries to convey to Mrs. Sibson an expression of the deep sympathy which the Society shares with her in the loss which both have sustained by his death.

The Honorary Librarian reports that the works added to the Library of the Society during 1876 have been in number 435 (inclusive of pamphlets, but not of continuations of periodical publications). Of that number 208 have been foreign and 227 English; 219 having been purchased and 216 presented to the Society.

Fourteen of the earlier volumes of the 'Philosophical Transactions' have been presented to our Library by the Royal Society, which will contribute materially towards the completion of the set in the Society's possession.

A few portraits have been added by Fellows to the Society's portfolios.

The preparation of the new catalogue and subject index is progressing, and they will probably be ready for press in the course of the approaching summer, so as to be printed and distributed among the Fellows at some time during the session of 1878.

The Honorary Librarian and Library Committee have, in accordance with the bye-laws, made their triennial inspection and examination of the Library, and report that the books are in good condition, and that the necessary catalogues, indices ledgers, &c., connected with the management of the Library are all in good working order and efficiency.

The Library statistics of the last three years in continuation of former similar tables are as follows:

Number of works in the Library in the Report of March, 1874	24,082
1874. Purchases 283, donations 201	484
1875. „ 267, „ 300	567
1876. „ 219, „ 216	435
	25,568

Total number of volumes, December, 1873 . . .	27,450
Added in 3 years, to December, 1876, about . . .	2,000
Total December, 1876	29,450

The number of books lent from the Library has been during—

Session 1873-74 . . .	2842
„ 1874-75 . . .	3182
„ 1875-76 . . .	3386
	9410

About 10,000 volumes have also been consulted in the Library, but no exact record of these can be kept, and the number is based on averages made for short periods.

The number of visits of Fellows to the Library has been during—

1874 . .	3143
1875 . .	3238
1876 . .	3255

At its conclusion it was moved by Mr. W. S. Savory, seconded by Mr. John Croft, and carried *nem. con.*

"That the Report of the President and Council with the appended audited account of the income and expenditure of the Society for the past year, just read, be received, adopted, and printed in the 'Proceedings,' with the exception of the paragraph relative to the return of the two portraits to Sir Rutherford Alcock, which is to be separately considered."

It was then moved by Dr. W. Miller Ord and seconded by Dr. Silver:

"That the Society agree to the recommendation of the Council, that the two portraits of Mr. Thomas Alcock and Sir Rutherford Alcock, K.C.B., given by the latter under an erroneous impression that the Society was forming a Gallery of Painted Portraits of Medical Men, be returned to him, and that the secretaries be desired to write to him to that effect."

which being also carried without opposition, the President then addressed the meeting as follows:

When the time for leaving the high office of President of your Society came near it seemed right that I should review the chief events in the history of the Society during the last two years. But when I considered, I found that two years are a very short time in the life of a society such as this, having customs and traditions which maintain in it a regular method of useful work, and having a constant succession of young members by whom is averted that tendency to become stagnant which, in some societies, needs warning or swift change. I therefore looked further back, into the 'Transactions' of the time, nearly forty years ago, when I was elected a Fellow.

The retrospect is gloomy when one sees how few remain of the Fellows of forty years ago, how great and various were the mental powers which are gone. But this is the only cause for real regret. I could find a good history of the progress of all medical science in the papers published in our 'Transactions;' I could see that this Society was always in advance of current knowledge and belief, always helping to draw nearer to the truth; and of late years, and particularly during those of which I am bound to speak, there has been, so far as I can judge, no material change other than the lapse of time may account for, and this change is for the better. For with the progress of science the papers have grown more elaborate, the methods of inquiry more various and minute, the investigations more deep and thorough.

I know that it is said by some that the papers now-a-days are less practical than they used to be, and that the younger Fellows occupy themselves with investigations which cannot lead to any useful result. I do not join in this complaint; I will not repeat a charge which was, I dare say, once made against myself; I have often seen the unpractical science of one generation lead to the scientific practice of the next. I do not remember a time when elders did not think many of their juniors unpractical. I do not believe that a time will ever come when either seniors or juniors will think so well of the others' work and aim as of their own. But the controversy is as harmless as it is inevitable, and it may even be useful if it will urge both groups for the sake of science and their own honour to do their best. And as to different methods and aims of study, I could wish that in sciences so large and many-sided as are ours they were not less but more. If controversies and oppositions on matters such as these are passionless, they do more good than harm. There is some analogy between the competition of sciences or modes of study and the struggle for existence in the gradual evolution of an organic world. The fittest are sure to survive, and not only so, but in the struggle their highest powers are developed and increased, and even the less fit do not yield till they have done their best.

I would even apply this parallel to the case of our own Society and those younger societies which have grown up around us, if I were not sure that there is no ground for conflict between us and them. The great land of the medical sciences is not half explored; there is more than room for all of us; the means of sustenance, that is, the work to be done, is practically inexhaustible; and, if I may so express it, we do not all need the same food, and we have no need to weaken or devour one another.

For, speaking very generally, the communications to our societies may be broadly divided into the less and the more elaborate. I will not say that one kind is better than the other; both are very useful if only they contain truth, both should be encouraged, but the duty of our Society is to seek to have the more elaborate. I had almost said it is our right to have them. It will be so if we will continue to exercise some care in admitting papers to be read, and great care in selecting those that are to be published in our 'Transactions,' and then exercise all the liberality in publishing them that our means will allow. I know that in making selections injustice may sometimes be done; we should be unique in infallibility if it were not so; but I will venture to say that injustice is not inflicted more than once in fifty times, and this is not too much to be endured for the sake of the fact that it is an honour to have a paper in our 'Transactions,' and that by means of the system of selection they continue to be, as I think they long have been, not only by far the largest but the best series of volumes published by any medical society of the present or any past time.

This institution of other societies for the cultivation of separate portions of medical science is really the only great change affecting our Society during the period of which I speak. I think it may be regarded with an almost entire satisfaction, for I can see no sign of our Society having suffered damage, and can see many signs that medical science has gained great advantage. I know it may be said that all the new societies might have been constituted as sections of this, or that all might be united under one central government. It might be so; experience alone could decide whether such a measure, if it had been possible, would have been wise; but it seems certain that, without damage to this Society, the younger societies have justified their separate institution by success; that they are doing good; that a larger number than ever of very able men are actively engaged in the promotion of science; that many are encouraged to activity by the honour and responsibility of the offices they hold; and that medical knowledge, sifted and improved by discussion, is rapidly diffused.

Now, if we can be sure that, on the whole, medical science has gained by the institution of separate societies, and if we cannot be sure that it would have gained more by having these societies as sections of our own, we should have no right of complaint even if our Society had suffered. But I have looked carefully and can find no sure sign of suffering or of decay, unless it be in one point, namely, that our meetings are less fully attended and our discussions less animated than they used to be. But this fact admits of at least two explanations, and the more

ANNUAL MEETING.

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R James Paget, Bart., D.C.L., LL.D., F.R.S., President, in the Chair.

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stitution of the police, he received the honour of knighthood in 1858. He died on the 22nd of March, when eighty-eight years old.*

Sir John Fisher will long be remembered as having been, not only a good practitioner, but a most amiable man, honorable, hospitable, steadfast in duty. He outlived his early associates, but he made his juniors glad to succeed to their companionship, and he died in the esteem of numerous friends, though among them were only few who were less than twenty years younger than himself. To the last he retained a clear and gentle mind, and a great store of well-remembered anecdotes of times now historic.

Mr. George Southam was born in Manchester on the 3rd of December, 1815, and was educated in the Manchester Grammar School, whence he proceeded to study medicine, first of all in the medical school of his native city, and afterwards in University College and in Paris. In 1836 he was admitted a licentiate of the Society of Apothecaries, and in 1838 a member of the Royal College of Surgeons. On the completion of his student's career he was strongly urged by his friends to go to Manchester, and, a vacancy occurring, he successfully applied for the post of house-surgeon to the Salford Royal Hospital and Dispensary, an institution with which he became soon connected in the capacity of honorary surgeon. He soon gave instance of his surgical zeal and acumen in two papers on "Ovariotomy." The first of these was published in 1843, with the title "Removal of a Dropsical Ovarium," and was the record of a successful case of ovariotomy, with remarks on the objections to the operation. No one can read this paper or the one that followed it in 1845, entitled "Removal of an Encysted Tumour of the Left Uterine Appendages," in which Mr. Southam's second and likewise successful case of ovariotomy is recorded, without being struck by the fairness and ability with which the writer discusses many points in the physical diagnosis of ovarian tumours, and argues in favour of an operation which now needs no defence, but which was then by many—nay, by most—surgeons held to be generally unjustifiable. How fully have the results which have been attained by Spencer Wells and Keith borne out the truth of the prediction contained in the closing paragraphs of Mr. Southam's first paper:—"Considering that extirpation of the ovary is still in its infancy, there is every probability that as our experience increases it will, under proper restrictions, prove as successful as lithotomy. The surgeon will be thus enabled to restore to health individuals who must otherwise have dragged on a miserable existence for a considerable period. A glorious monument will be raised to the healing art through the improvement of surgical knowledge, and that boldness and energy, which the timid were but too ready prematurely to condemn, will be ultimately sanctioned by an enlightened and applauding profession." In a third paper, entitled "Observations on the Operation of Ovariotomy," Mr. Southam describes his third operation, which was followed by a fatal result. The records of this case have a special interest added to them by the fact that the tumour was examined by the late John Goodsir and Dr. John Reid, and that the reports of their examination are appended.

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* Note from Lady Fisher.

After his election as surgeon to the Salford and Pendleton Royal Dispensary Mr. Southam soon acquired a large general surgical practice, which continued to increase, though it naturally grew more select and lucrative, to the very end of his life. In 1848 he was elected one of the dispensary surgeons of the Manchester Royal Infirmary, an office which corresponded to the present post of assistant surgeon, and in 1855 he was elected surgeon. During the years which had passed Mr. Southam had been no idle man, for to the duties of a busy practice he had added the labours and anxieties, not only of teaching anatomy and surgery, but of organizing a medical school. Since the year 1824 a school of medicine, the Pine Street School, had existed in Manchester. Established through the exertions of the late Mr. Turner, this school, which was the first fully equipped medical school in the provinces, was carried on without any opposition until 1850. At that time Mr. Southam, aided by several enthusiastic friends, conceived that it would be to the advantage of medical education that a second school should be formed in Manchester, and they started the medical school which, taking its name from its site, went by the name of the Chatham Street

School. This institution, owing to the vigour and earnestness of the men who had thrown their hearts into it, competed so successfully with the one first established that amalgamation became a necessity. In 1858 the founders of the two rival schools came to the conclusion that they would best promote the interests which they had at heart by combining their resources, and then was formed the Manchester Royal School of Medicine, which continued its independent and honorable existence until 1872, when, after mature consideration, it was determined to amalgamate it with the Owen's College. It is impossible for any one who was not acquainted with the late Mr. Southam adequately to appreciate the self-sacrificing devotion with which he gave up time, money, and thought to advance the school with which he was connected. For a long time before the actual union Mr. Southam had foreseen the advantages which must accrue to a medical school by intimate connection with an institution such as Owen's College, where students would enjoy facilities for scientific study which could rarely be afforded in any purely medical institution. He believed that in Manchester the conditions for the establishment of a really important school of medicine actually existed, and that success was best to be attained by following the examples of Scotch universities and of University and King's Colleges in London, where medical schools formed but part of the one *studium generale*. It was very much owing to Mr. Southam's exertions that the ultimate amalgamation with Owen's College was effected. After the amalgamation he became, jointly with Mr. Lund, professor of surgery, and he also assumed the duties of director of medical studies. Those who take an interest in the cause of medical education in England, and who are led to visit the beautiful medical school buildings which now form a part of Owen's College, should not forget that the present satisfactory condition of the school is greatly due to the unwearying exertions of one of its founders—George Southam.

In 1853 Mr. Southam was elected a Fellow of the Royal College of Surgeons. In June, 1873, he received a requisition signed by 148 Fellows of the College, inviting him to become a candidate for one of the seats in the Council of the College, in succession to his old colleague, Mr. Turner. At the election, which took place in July of the same year, he was one of the four Fellows selected to fill the vacancies in the Council.

For several years Mr. Southam was President of the Council of the British Medical Association, and it is believed that, but for the serious illness which assailed him in the early part of 1875, he would have been elected to fill the presidential chair of the association at the meeting which it was at that time intended to hold in Manchester in 1876.

During the winter of 1874-75, although yet engaged in the duties of his practice, which was constantly becoming more onerous, symptoms developed which occasioned some anxiety. He was advised to take a holiday, and left Manchester with some friends for a fortnight's rest, but it was too late. He died on the 24th of April.

Mr. Southam was a man of a generous and affectionate nature, possessed of far greater ability than many who judged him by his mere powers as a speaker would allow. As a surgeon he was unquestionably a most capable man; his opinions were very sound, and without being a brilliant, he was certainly a thoroughly good and most successful, operator. He had performed the operation of lithotomy 120 times, and only lost one patient.*

George Frederick Louis Stromeyer, one of the most honoured of our Foreign Fellows, was born in 1804 in Hanover. His father, Christian Frederick Stromeyer, also a Foreign Fellow of our Society, was a surgeon who, after serving in the army, obtained two years' leave of absence and a grant of £50 that he might study surgery in England. He was a pupil at St. Thomas's, heard Hunter and Cruickshank lecture, and acquired the knowledge and esteem of English practice which led to his having the honour of introducing vaccination into Germany. The first vaccinations were performed by him in May, 1799, with lymph sent to him by Jenner. They failed because the lancets had become rusty, but better success soon followed, and the names of Stromeyer and of his friend Ballhorn, who worked and published with him, must always have honorable places in the history of the greatest achievement in preventive medicine.

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* The life of Mr. Southam is taken, with little change, from the 'Lancet' of May 18, 1876, by permission of the editor, and the author, Dr. Arthur Gamgee, F.R.S. I found it impossible to write so good a life, and thank them for their leave to use this. Mr. Southam's papers on "Ovariotomy" are in the 'Medical Gazette,' 1843, 'Provincial Medical Journal,' 1845, 'Transactions of Prov. Med. Association,' 1847, and 'Lancet,' 1870. His papers in our 'Transactions' are, in vol. xxx, "Case of Elephantiasis;" xlii, "Vesical Calculus; Recto-vesical Operation;" xlvi, "Popliteal Aneurism cured by Digital Compression;" xlviii, "Aneurism by Anastomosis; Ligature of Carotid, &c." He wrote also 'The Nature and Treatment of Cancer,' an address before the British Medical Association in 1858, and many papers in the 'Proceedings' and 'Journal' of the British Medical Association.

Stromeyer was in the best sense well-born, for, with this worthy father, his mother was a gentle, wise, and energetic lady, a member of a French Huguenot family who had left their country in the persecutions. His whole early education was in Hanover, first in private schools, then in the Lyceum, till, in 1821, he entered the surgical school and studied under Krause, Heine, Wedemeyer, and others of less repute. In 1823, having hitherto, as he tells us, known of all Germany only a couple of square (German) miles, he went to Göttingen, as his father wished, though, had he been left to himself, he would rather have come to London; for, from earliest life, he had a love of England. In Göttingen—at that time a university with 1500 students—his chief teachers were Blumenbach, his relative Frederick Stromeyer, Himly, and Langenbeck, and here he worked hard till 1825, spending his vacations in tours in Germany, and in one of them enjoying many visits to Goethe. In 1826 he went to Berlin, and there took his doctor's degree. The subject of his thesis was the cure of hydrocele by injection, which he selected because his father had learned this manner of treatment from its inventor, Sir James Earle, and was always successful with it; and yet the treatment by incision was still practised in Berlin by both Rust and Gräfe.

From Berlin he went to Vienna, visiting on his way Leipzig, Dresden, Prag, and every place of interest, and studying in every one surgery, music, and the fine arts, for in these he was so enthusiastic that, as one reads his 'Erinnerungen,' one might be tempted to doubt whether his mind were not evenly divided between the arts and surgery. After three months in Vienna he visited Munich, Würzburg, Berlin, and after passing his Staats-Examen in Hanover, came through Bonn to England. Thus he had studied with close and acute scrutiny all the medical teaching, and especially that of clinical surgery, in Germany, and I do not know where else could be found so interesting a record of German surgeons and surgery, just fifty years ago, as is in his 'Recollections.' The sketches are to the life; they are a written portrait-gallery. And now he came to England in fulfilment of the desire of years, and his accounts of our hospitals and hospital-surgeons, of our medical institutions, of this Society, and of family and social- life in London, show some of the best qualities of his mind—a keen power of observing, a constant watchfulness for facts, a thorough devotion to surgery, and a resolve to gather everywhere whatever was best in its practice. With all this he shows a most genial friendly temper, a very shrewd wit, a love of good society, and a love of music and of theatres such as would have been dangerous to a less resolute surgeon.

After ten months' stay in London he spent two months in Paris, and there completed his studies of the practice of all the principal surgeons of the day. Of these, too, as of those of London and of Germany, he has left charming sketches. A long tour through Switzerland ended his travels for this time, and then he returned to Hanover and began practice.

This was in 1828. In 1829 he first gave, with Stieglitz, a part of the lectures on surgery in the surgical school at Hanover. In the same year he established a private orthopædic institution, and here, in February, 1831, he made his first section of the Achilles-tendon; yesterday was the anniversary, and the patient was walking well three years ago. The operation marks the beginning of the whole system of subcutaneous surgery, and, it may fairly be said, of all really successful orthopædic treatment; and it is with this, good as he was in other things, that Stromeyer's name will stand longest and with highest honour in the history of surgery. The honour may justly be assigned to him. Delpech just missed the right to it. He had divided an Achilles-tendon for talipes, and had maintained, against opposition, the utility and occasional necessity of the proceeding; he had even held that the tendon ought to be divided by a "détour," so as not to divide the skin behind it, and that the divided portions ought to be kept close together till they were united by an intermediate substance, which may be gradually extended; but he had divided the tendon, not through a puncture in the skin, but through long incisions parallel with its edges, and he thought the operation useless or unnecessary unless in a few cases not manageable with apparatus alone.*

His operation, therefore, was without good influence either on his own later practice or on that of his contemporaries, till Stromeyer, after studying his works, saw more clearly what had to be done and did it. For Stromeyer divided the tendon through a wound that could be healed by the first intention; he began extension more quickly, and in a year or two he discovered that subcutaneous division of tendons must be, not the rare and occasional, but the almost constant means of treating a large class of deformities, including even strabismus.

Stromeyer published his first two cases in 1833.† They made, he says, little impression in Germany, more in France; but the rapid increase of the practice of tenotomy is not due to any one so much as to our esteemed Fellow Dr. Little.

He had consulted many about his own non-congenital paralytic talipes, and none gave him help or hope, till being encouraged by Johann Müller and Froriep while he was at Berlin he placed himself under the care of Stromeyer, who cured him in 1836.‡

Dr. Little returned to Berlin, and Dieffenbach, astonished at the cure, set to work, and in the vigour of his practice outran the more judicious Stromeyer and risked the reputation of the treatment. In England Dr. Little soon made tenotomy well known and justly valued, and of its history here I need not speak. Neither need I try to tell the improvements and extensions of orthopædic surgery since Stromeyer's time; I prefer to speak of him and of his good example as a really great discoverer and inventor. He studied his subject from every side, even from that of erudite physiology; he used every help, for he practised mechanical orthopædics, and was thoroughly versed in them long before he invented tenotomy; he was very patient and cautious in applying it; he did not diminish one jot his devotion to the larger studies of all surgery; he refused to specialise, fearing, as he said, to be called a mere tendon-cutter; he gave due credit to his predecessors, and during the discussions which the new method of treatment caused, he maintained so complete silence as to make many think he had lost confidence in it. Even when a French surgeon disputed his priority in discovering the uses of subcutaneous tenotomy, he wrote not a word, and only said among his friends that he believed that gentleman would be ready to dispute the priority of his own father.

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* 'Chirurgie Clinique de Montpellier,' t. i, p. 228, pl. x, 4to, 1823, and 'De l'Orthomorphie,' t. ii, p. 328, 8vo, 1828; and see, for a comparison of his method and Stromeyer's, Dr. Little's 'Treatise on the Nature of Club-foot,' 8vo, 1839, p. lii, *e. s.*

† In 'Rust's Magazin,' B. 39.

‡ The case is published in Dr. Little's inaugural dissertation, 'Symbolæ ad Talipedem Varum cognoscendum,' 1837, and in Stromeyer's 'Beiträge zur Operat. Orthopædik,' 1838. See also Dr. Little's 'Treatise on Club-foot,' 8vo, 1839, for the account of his own case.

I must pass quickly over the rest of the life and works of Stromeyer.

From 1838 to 1841 he taught surgery at Erlangen in succession to Jäger; and here he studied resections of joints, and arrived at the very decided opinions he entertained in regard to non-interference in depressed fracture of the skull.

In 1841 he accepted the professorship of surgery in Munich, and there associated intimately with von Walther and with Kaulbach and others of the celebrated Fine Arts School.

In 1842 he was invited to Tübingen and Freiburg at the same time. He chose the latter, and spent six years of great happiness, teaching surgery, enjoying society, gladdened by the discovery of anæsthetics, working hard at his 'Handbook of Surgery,' but at last breaking down with overwork and fever. About this time he received from the French Academy of Sciences a prize of 3000 francs for his discovery of the operation for the cure of strabismus.

In 1848 the insurrection broke out in Baden, as elsewhere in Germany, and he treated his first case of gunshot injury and thus may be said to have commenced his distinguished career as a military surgeon. For at this time came an invitation to the Professorship in Kiel and the chief medical direction of the army of Schleswig-Holstein. He left Freiburg with great regret, but anticipating the stormy times at hand he accepted the invitation, and soon after was actively engaged during the war against Denmark, having Esmarch, his son-in-law, for one of his assistants.

In this campaign in 1849, and again in that of 1850, Stromeyer introduced many and important sanitary measures into the army, and collected a great part of the materials for his 'Maximen der Kriegsheilkunst,' the best book on war surgery, says Mr. Mac Cormac, which ever has been written.

In 1854, after a sharp conflict between his love of his professorship and his love of Esmarch, he retired from Kiel that Esmarch might succeed him. He retired to Hanover and adopted an entirely military career, being appointed Director General by King George, with whom he stood in the most friendly relations. He constructed the new military hospital, improved the barracks, and had considerable private practice.

In 1864 he accompanied the Hanoverian Brigade to Holstein, and in 1866 was at the battle of Langensalza, which led to the termination of the Kingdom of Hanover.

I pass over his later and last military services in the war between France and Germany, but not his last work, for it was a translation of the 'Recollections of an Ambulance Surgeon,' by his friend and ours, William Mac Cormac.

We all remember Stromeyer's last visit to England in 1872, his lecture at St. Thomas', and his lecture at Netley, and many of us sent greetings to him last April, when the fiftieth anniversary of his taking the Doctor's Degree came round. From all parts of Germany, from all ranks, from all classes, he received on his day of jubilee tokens of reverence and honour, and we know that he was deeply touched with the cordiality of respect and affection with which the chief surgeons of this kingdom then addressed him. They asked him to sit for his bust that they might present it to the College of Surgeons, where it would stand, as it now does, among those of the most renowned surgeons of this country. He consented, and sat also for a photograph, of which copies might be given to his friends in

England; and the last words he ever wrote were on the back of the first copy of the photograph:

> "My dear Mac Cormac,
> "You wished to see my photograph
> Adorned with crosses and with stars,
> The gifts of emperors and kings—
> It fades away; a marble bust
> Will take its place in memory,
> Shining in its simplicity;
> There is no room for vanity
> Amongst your Peers of Surgery.'
> "Hannover, *June* 15*th*, 1876."

It was only two months after his jubilee, and while still at work, that Stromeyer fell in apoplexy, and in a few minutes died.*

Christian Gottfried Ehrenberg was born in 1795 at Delitzsch, in the Province of Sachsen, where his father was Stadtrichter. After a home-education he went in 1815 to Leipzig to study, as his father wished, theology. But he had already shown an ardent love for the natural sciences, and in 1816 his plan was changed and he went to study them, and chiefly among them medicine, at Berlin. Here he took the doctor's degree in 1818, and soon after passed the Staats-Examen and began to practise. But his mind was set on other things, especially on microscopic studies, the range of which was constantly increasing while the microscope was being every year improved. His

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* Chiefly from his 'Erinnerungen eines Deutsches Arztes.' Notes from Dr. Little and Mr. Mac Cormac. Stromeyer's chief published works are named in the following list, but he wrote many briefer essays:

Skizzen von ein Reise nach Danzig	8vo, 1832
Ueber Paralyse der Inspirations-muskeln	8vo, 1836
Beiträge zur Operativen Orthopädik	8vo, 1838
Ueber die bei Schusswunden vorkommenden Knochen-Verletzungen	8vo, 1850
——— translated with a work of Esmarch on 'Resection,' &c., by S. F. Statham	8vo, 1856
Maximen der Kriegsheilkunst	2 vols. in 1, 12mo, 1855
——— zweite Auflage	8vo, 1861
Handbuch der Chirurgie	2 vols., 8vo, 1851–68
Ueber den Verlauf des Typhus unter dem Einflusse einer Methodischen Ventilation	8vo, 1855
Erfahrungen ueber Schusswunden im Jahre 1866, als Nachtrag zu den Maximen der Kriegsheilkunst	8vo, 1867

chief studies at this time were in the minute fungi, of which, in 1818, he had discovered in and about Berlin 240 new species; and to this time belongs his first great discovery, in the clear demonstration of the sporules of the lowest fungi.

In 1820 he and his friend Hemprich were commissioned by the Academy of Sciences of Berlin to accompany von Minutoli to Africa on a six years' scientific expedition. They travelled through the Lybian desert, and then, parting from von Minutoli, through Egypt, Nubia, Arabia, Syria, and Abyssinia. In Massana Hemprich died, and Ehrenberg returned alone to Berlin. The vast results of the expedition were the subjects of reports to the Academy of Sciences of Berlin by von Humboldt and others; and his zeal may be told in the fact that the number of specimens of plants collected and sent to the Royal Museum was upwards of 46,000, including 2900 species, and that of animals 34,000, including more than 3700 species. The geological collection was as rich, and yet all these collections were, the reporters say, only secondary in importance when compared with the personal observations to be published by Ehrenberg and Hemprich.*

In 1827 Ehrenberg became an Extraordinary Professor, and in 1839 an Ordinary Professor, in the University of Berlin. In 1827, also, he was elected a member of the Academy of Sciences, of which he was permanent Secretary from 1842 to 1867.

In 1829 he accompanied von Humboldt in his expedition to the Ural and Altai mountains, and many of his observations were published by himself and Rose in their 'Reise nach dem Ural.'

After his return he occupied himself especially with microscopical researches, and in 1838 his most important work,† that on the Infusoria, appeared; a work among the most important of those contributed to science in this century. For it not only proved a complexity of structure in infusoria, but by finding them, or their germs, or their skeleton-remains in earth, in air, in water, it enlarged in every direction the field of microscopic inquiry. The world of infusoria was made accessible to the students of all branches of science. There is, indeed, no department of natural knowledge which Ehrenberg did not endow with new and great facts; and, which is yet more, his achievements with the microscope proved more than those of any one of his time that no inquiry into living things can be complete without its use. It seems absurd to say this now. None deny it; but it was not so from forty to fifty years ago when Ehrenberg began his work. The wonder and the beauty of all the microscope could discern was plain enough, but its utility was doubted by those who called themselves practical men. Ehrenberg proved its utility in every field of natural science. It was in recognition of this great work that our Society in 1841 conferred on him the highest honour at its disposal, that of election to the foreign membership. Similar honours were conferred on him by many, or even nearly all, of the learned societies of the world, including our Royal Society and the French Institute, which in 1859 elected him, in succession to von Humboldt, one of its eight foreign associates. He received many other honours besides, and one was singularly appropriate,—the gold medal voted in 1875 as a memorial of Leeuwenhoeck's discovery of the Infusoria made 300 years before.

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* The chief of the observations are in the works of the two authors, 'Symbolæ Physicæ,' 'Die Korallen des rothen Meeres,' 'Die Naturbeschaffenheit der Wüste.'

† 'Die Infusionsthierchen als vollkommene Organismen.'

They gave him some of the comfort that his old age needed. In 1864 he fractured the neck of his thigh bone, and soon after cataract formed in both eyes, and their keen and well-taught sight was dimmed. He regained some sight after operation by von Graefe, but after the fifty years' jubilee of his doctorate he gradually gave up work, and took the repose of old age. He died on the 27th June.*

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* Notice by v. Hoffmann in 'Berliner Klinische Wochenschrift,' Juli 10, 1876; by Löwenberg in 'Illustrirter Zeitung,' 29 Juli, 1876. The list of Ehrenberg's papers is in the catalogue of scientific papers published by the Royal Society. His chief larger works are:

Naturgeschichtl. Reisen durch Nord-Africa und West Asien in 1820–25
Contributions in the "Horæ Physicæ Berolinenses" folio, 1820
(With F. G. Hemprich) Symbolæ Physicæ seu Icones et descriptiones Mammalium, Avium, Insectorum et Animalium evertebratorum 4 vols., folio, 1828–45

Ehrenberg worked hard in science for more than fifty years; his industry was really marvellous; he never ceased to observe, to record, to publish; besides his larger works the catalogue of the Royal Society contains the titles of 268 papers written by him. Of late years his pupils and theirs may often have surpassed his later works in accuracy and justice of interpretation; but I suppose that in the whole history of microscopy his name will stand next to that of Leeuwenhoeck.

Mr. William Sudlow Roots, who had been a Fellow of our Society since 1829, was born in 1804 at Kingston-on-Thames, where in six generations his family have very honorably practised our profession. They were descendants of a family who came to England with William Prince of Orange, bearing the name of De Rutz, which was easily corrupted or improved into that by which they have been long and well known.

Mr. Roots, whose father was a considerable antiquary as well as a good practitioner, was educated at St. Thomas' and Guy's hospitals, and was a devoted pupil and friend of Sir Astley Cooper. He passed the Hall in 1826, the College in 1827. He had a large practice for nearly fifty years in his native town,

Organisation systematik und geog. Verhältniss der Infusionsthierchen folio, 1830
Erkenntniss der Organisation in der Richtung des kleinsten Raumes folio, 1832–4
Ueber den Mangel des Nervenmarks im Gehirne der Menschen und Thiere 8vo, 1833
Die Akalephen des rothen Meeres folio, 1836
(With Humboldt and Rose) Reise nach dem Ural, dem Altai und dem Kaspischen Meere 2 vols., 8vo, 1837
Die Infusionsthierchen als vollkommene Organismen (*with atlas*) 2 vols., folio, 1838
Die Bildung der europ. und arab. Kreidefelsen folio, 1839
Verbreitung und Einfluss des mikroskop. Lebens in Süd und Nord America folio, 1843
Passatstaub und Blutregen, ein organisches Leben in der Atmosphäre folio, 1849
Mikro-geologie folio, 1854

He wrote the "Infusoria" in Agassiz's 'Nomenclator Zoologicus,' 4to, 1842, and translations of his work on "Infusoria" appeared in 1839 and 1845 by Mandl and Pritchard; and analyses of it were published in 1831-2 in the 'Edinb. New Philosoph. Journal,' and by Humboldt in the 'Comptes Rendus,' in 1836.

and was esteemed as well for his social as for his professional character.* He was a strong-willed, fervent man, with good practical knowledge, and he gave himself heartily to his work, sparing neither time nor trouble so that he might help those that gave themselves to his care. He was very hospitable, and (if I may quote an old song) "while he entertained the rich he ne'er forgot the poor." As his friend Mr. Cock has written to me, "Every day there was brewing of beef tea, soup, jelly, &c., &c., going on in his house, and these comforts and luxuries were liberally and widely dispensed."

I believe that Mr. Roots did not contribute to the literature of our profession, but certainly he contributed largely to its good name. He died in July, aged 71.

Dr. John Webster was born in 1795, the eldest of the eight sons of the zealous and able minister of Inverarity in the county of Forfar. He was educated in the parish school under his father's careful oversight, and when only 13 began the study of his profession with Dr. Adam, who was the principal practitioner in the town of Forfar, and with whom he remained several years. He then studied at Edinburgh, and after obtaining a surgical diploma there he studied in London, Paris, Vienna, Pavia, and Berlin, where he graduated as doctor of medicine.

In 1820, after twelve years' study, he began to practise in London. He soon became physician to the Infirmary for Sick Children and the St. George's and St. James's Dispensary; he was elected a Fellow of the College of Physicians in 1843, a Fellow of the Royal Society in 1844, a Fellow of this Society in 1821 and in 1835.† In 1832 he was a lecturer on materia medica and pharmacy.

The Society owes respect to Dr. Webster for many good reasons, but especially for the respect which he showed to the Society in the fact that for twenty years he was not once absent from its meetings; and it should not detract from his merit that this constancy was consistent with every habit of his life; in everthing he was precise, orderly, and persevering. Among his customs was that of a studious annual vacation-tour. Thus, in about forty years he travelled in every part of Europe, and wherever he travelled he studied disease. The results were generally told at our meetings, and many of them were published; one, on leprosy in Spain in our 'Transactions,' others on various asylums for the insane in the 'Psychological Journal.' Insanity was, indeed, for many years a chief subject of Dr. Webster's inquiries, and our 'Transactions' contain three papers written from observations made in Bethlem Hospital, of which he was a very active governor. They include the records of a large number of examinations made after death by Sir William Lawrence.

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* Notice of life in the 'Surrey Comet,' July, 1876.

† He was elected first in 1821, but his name is not in the lists after 1825 till 1835.

Dr. Webster retired from practice in 1866, but he continued his studies not only in medicine but in literature, in which his rare knowledge of modern languages (for he knew more or less of ten) gave him access to very wide fields. To the last he lived in a happy monotony of gentleness, of kindly temper, and of patient pursuit of knowledge. He died at St. Andrew's on the 21st of July.*

Mr. Victor de Méric was born of a good French family at Strasburg in 1811. He came to this country when young, and was engaged in literature and teaching till 1844. In that year he went to Dublin and studied medicine; and after three years' study graduated in Glasgow. In the same year, 1847, he passed our College of Surgeons, and then went to Paris, where he was chiefly under the teaching of Ricord, of whose lectures

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* Letter from Miss Webster: 'Montrose Review,' August 11, 1876. Besides the papers already referred to, of which those in the 'Transactions' are in the 22nd, 26th, 28th, 32nd, and 43rd volumes, and in the 'Proceedings,' vol. iv. Dr. Webster published the following works:

Essay on the Epidemic Cholera	12mo, 1832
Observations on the admission of Medical Pupils to Bethlem Hospital for Studying Mental Diseases	8vo, 1842
Notes of a recent visit to several Provincial Asylums for the Insane in France	8vo, 1850
Statistics of Graveyards in Scotland	8vo, 1856
Remarks on the Lunacy Laws, as also Asylums of Scotland and France	8vo, 1856
Notes on Belgian Lunatic Asylum, including the Insane Colony of Gheel	8vo, 1857

he published a translation in the 'Lancet' of 1847-8. From this time syphilis became the principal subject of his study and the chief source of his practice. In 1856 he gained for an essay on it the Jacksonian Prize, and in 1858 treated of it in his "Lettsomian Lectures."* He became surgeon to the German Hospital and to the Royal Free Hospital, and in 1875 was President of the Medical Society of London. He died in August, having been a Fellow of our Society since 1867, and at the time of his death a Member of our Library Committee.†

Mr. de Méric was well known and esteemed among us as a journalist and an active member of our societies. He was the writer for many years of the 'Lancet's' "Mirror of Hospital Practice." He was, I believe, the inventor of this kind of medical journalism, and he did it remarkably well. His gentle courteous manners made him an acceptable visitor in all the hospitals; he was gladly assisted; he was prudent and judicious in his selection of the cases; and his commentaries on them often showed a much larger knowledge of his profession than his seeming limitation of himself to syphilis would have led one to expect. And he was an excellent speaker. His last contribution to the study of syphilis was in the debate at the Pathological Society, when, though he was feeble through recent and still present illness, he spoke with an attractive fervour and all the clearness and force of well-chosen words which made him, whether in debate or in ordinary conversation, one of the pleasantest men to listen to.

It is very difficult to tell briefly anything worthy of the life and good deeds of *Dr. Sibson.* He was for forty years active in every kind of professional work; he filled many and various offices, and was in all of them vigorous and abundant in the discharge of duty. Moreover, his rare charms of personal character moved many to work with him, and multiplied his power.

He was born in 1815 at Cross Canonby, near Maryport, in

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* Published in the 'Lancet' of that year. Mr. de Meric also wrote 'On Prophylactic and Curative Syphilization,' 12mo, 1853, and 'Cases of Syphilitic Affection of the Third Nerve,' 8vo, 1870.

† Obituary in the 'Lancet,' Sept. 16, 1876.

Cumberland, and educated in Edinburgh, where he also commenced his study of medicine. He was a pupil of Lizars, and in his pupilage, in 1831-2, volunteered to serve in the Cholera Hospital, and in that first and terrible epidemic risked his life. Then he entered at Guy's, and many who remember him there tell of the rare energy with which he gave himself to study both in the wards and, especially, in the pathological theatre. Among those whose admiration he attracted was the late Dr. Hodgkin, who, from that time, never ceased to encourage him in all his labour and to aid him in every way that could lead to success.

In 1835 he was appointed resident surgeon to the Nottingham General Hospital, and he held this office till 1848. He gained in it a considerable knowledge not only of medicine, but of surgery, of which, in later life, he often made good use in consultations. Here, also, he made his chief investigations into the mechanical physiology of respiration and the position of the internal organs in health and disease, which were throughout his life a principal subject of his studies. It is by these, I think, that his name will always be very honorably remembered in the history of medicine. They brought him early into high repute when they were first published in 1844 in the 'Provincial Medical and Surgical Transactions;'* and their repute was more than maintained to the completed publication in 1869 of his great work on Medical Anatomy. It was to this that a great portion of his studies led onward; they culminated in it, and in it all the chief results at which he arrived may be studied.

In 1848, at the end of his tenure of office at Nottingham, Mr. Sibson graduated at the University of London, and passed in the same year the examinations for M.B. and M.D., and gained honours in both; a notable achievement, considering the active life of practical work in which he had long been engaged. He remained always devoted to the university; he was for some years an examiner in medicine, and in 1865 he was made a member of the Senate, on the nomination of Convocation. Few were so constant as he was in attention to all the business of the university that had relation to the medical or other natural sciences. Alike in the senate, in committees, and in convocation, he was zealous for the promotion of all good designs.

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* The papers were printed in a separate volume in 1844.

The like may be said of his work in the College of Physicians, of which he became a member in 1849 and a Fellow in 1853. In this year he delivered the Gulstonian Lectures, in 1870 the Croonian, in 1873 the Lumleian; but his chief work was in the office of secretary to the Committees on the Nomenclature of Diseases. It would be impossible to over-estimate the value of his services in this office. He was the principal originator of the undertaking, and never ceased to labour in it during the six or more years in which it was in progress. Of all the great honour due to a work of so large importance, even of much more than national importance, the greater part was certainly gained by Dr. Sibson.

In St. Mary's Hospital Dr. Sibson was elected one of the physicians in 1851, and held office for twenty years. For some years also he was one of the lecturers on medicine in the school. His teaching was earnest, laborious, and minute. Emphatic as he was in speech, and never for a moment doubting the importance of even the smallest fact, he made all listen to him, and he made many learn. Few could, indeed, follow him in all the minuteness of detail with which he spoke on his chief subjects, such as the diagnosis of diseases in the chest; but he made his pupils feel that they had work to do for which nothing less than the devotion of a life could suffice, and he showed them how to do it.

Not less vigorous, but if possible more so, was Dr. Sibson in the British Medical Association. He first became a member in 1843; in 1850 he delivered the address in physiology, in 1870 that in medicine; for many years he was a member of the General Council, for three years its president, and after this a permanent vice-president. It was at his suggestion that the plan for grants for scientific researches was adopted, and he was Chairman of the Grant-Committee. Briefly, he took part in every good work of the Association.

And he took willing part in larger and more public works. He was a very active member of the Asylum District Board, and of the Government-Commission in the Greenwich Hospital Enquiry in 1867-8.

In our own Society he was elected a Fellow in 1849, a member of Council in 1863-4, a member of the Committee on Chloroform, and librarian from 1873 to 1876. In every office he set himself a high standard of duty, and fulfilled it.

In the Royal Society he was elected a Fellow in 1849 after the publication of two papers in the 'Transactions,' and in 1872 was elected a member of the Council. Among his honours he had the honorary degree of M.D. of Dublin and of LL.D. of Durham.*

It is not possible to give a summary of Dr. Sibson's numerous published essays.† Nearly every one of those relating to the chest was itself a summary of minute and laborious studies. The characteristic of all this part of his work was in his devotion and immense labour to determine the questions which he set himself. Perhaps he over-estimated the relative importance of some of them; but even if he did he should hardly be charged with fault; rather his example may be studied as a protest against the greater and much more common fault of thinking that facts are easy to be established. He will probably always enjoy the rare honour of having settled some things so certainly that they will never need to be investigated again.

I doubt whether we had in our Society a man of stronger will for work than Sibson was. He never flinched from any duty; he never tried to make it easy; when he saw a duty to be done he looked to see how large it could be made, how manifold in detail; and he did it all. No man followed better the advice of the King-preacher, "Whatsoever thy hand findeth to do, do it with thy might." And surely no one ever worked harder with as light and genial a heart. Who of us can forget the gentleness and enthusiasm of his social life? his fervent greetings, his words of affection, the sincerity of which was proved by the whole tenour of his pure unselfish life? He was a many-sided man, and on all sides good. He had rare artistic gifts, was a lover of architecture, of armour, of all good works in art. He gave himself to the study of the beautiful works of Wedgwood with the same zeal as he would have given to any class of facts in pathology; he became a supreme judge of them, and his collection was a perfect treasury. And he was a true lover of nature, keenly alive to all the purest enjoyments of the senses: an athletic mountain-climber, vigorous and cheery; able to rejoice not only in the perfection of his muscular sense, but in the sight of gorgeous light, in the sound of rushing streams, the touch of wind upon the hills. He loved nature in all that could be discerned whether by sense or by intellect.

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* Facts derived from an excellent memoir of Dr. Sibson in the 'British Medical Journal,' September 30, 1876.

† The subjects which he chiefly studied, in addition to the physiology and diseases of the chest and its contents, were narcotic poisons, ether, and chloroform.

Dr. Sibson's death was, as he expected, sudden. He died at Geneva on the 7th of September. He was on his way home from his vacation tour, and when we might have thought of him as coming to us again, with his enthusiastic narratives of adventure or of some study in rare art, abrupt news came that he was no longer one of us.*

Dr. Thomas Laycock was born at Witherby, in Yorkshire, in 1812. His father was a Wesleyan minister, and he was educated in a Wesleyan school at Woodhouse Grove. At fifteen he was apprenticed to Mr. Spence, a surgeon at Bedale; and it is right to note the early age at which his general education ceased, for it may lead us justly to admire the strong will and industry with which, while studying his profession, he must have educated himself in languages and a very wide range of literature. In 1833 he commenced a three years' course of study at University College and the Middlesex Hospital, and in 1836, after becoming a Member of the College of Surgeons and a Licentiate of the Society of Apothecaries, and after studying in Paris, was appointed Resident Medical Officer in the York County Hospital.

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* Dr. Sibson's chief papers, besides those already referred to, may be found in the 'Philosophical Transactions,' 1846, 1848, vols. 136, 138, the 'London Medical Gazette,' series ii, vols. iv, vi, vii, viii, x, 'London Journal of Medicine,' vol. i, 'British Medical Journal,' 1873, 'Pathological Transactions,' vols. ii, iii, x, 'Trans. of British Medical Association,' vol. xvii, 1850, Reynolds' 'System of Medicine,' art. "Pericarditis, Endocarditis" (these were completed after the labour, it is said, of three years, just before his death). The 'British Medical Journal' of the current year contains the Harveian Lectures on Bright's disease, which Dr. Sibson had prepared for delivery not long before his death.

He held this office for three years and then graduated as Doctor of Medicine at Göttingen. In 1841 he returned to York and was in general practice till in the following year he was elected Physician to the York Dispensary, and became a Licentiate of the College of Physicians of London. In 1846 he was chosen Lecturer on Medicine in the York Medical School, and in 1855 Professor of the Practice of Physic in the University of Edinburgh.

Dr. Laycock's elevation to a Chair of so great renown as that at Edinburgh may be ascribed to the reputation he had gained by his very numerous writings, and especially to the high opinions entertained of him by Sir John Forbes, with whom he worked very actively on the 'British and Foreign Medical Review,' and by Sir James Clark and Sir James Simpson. Dr. Laycock had, indeed, by this time proved himself one of the clearest and most copious thinkers and writers of the day, and by his 'Treatise on the Nervous Diseases of Women' (London, 8vo, 1840), had given promise that in a larger field of practice than he had in York he would become a distinguished clinical teacher. But his love of reading and of thinking was too strong for this. During the twenty-one years in which he held the professorship he was a constant and laborious student, but a student rather of records by others than of observations by himself. He was eminently a thoughtful man, not an observant one, full of knowledge but not apt in the practical employment of it.

Perhaps some of this defect, if it may be so called, may be ascribed to Dr. Laycock's feeble health. At twenty he had threatenings of phthisis, at forty-four he underwent amputation through the thigh for disease of the knee-joint, and his last illness was with a renewed activity of the tuberculosis.

It is difficult to write of Dr. Laycock's writings. He is said to have published more than 200 papers, and his books are several volumes. If I could have read them all I could not justly criticise them, but I have read enough to make me believe that no one in our time has possessed a larger power or facility in the arts of reading, gathering, arranging, thinking, writing. This was evident alike in his lectures and in his books; and although his lectures may have had little influence on a large majority of the Edinburgh students, yet on some they had great effect. This is especially true of his lectures on medical psychology, in which he not only taught his favorite subject well, but taught a much more exact method of study than was usual. Indeed, for guiding others in methods of study few writers have been so complete as Dr. Laycock. In his 'Principles and Methods of Medical Observation and Research' (8vo, 1856 and 1864) every source of fallacy is indicated, the value of every method of observation is justly estimated, every disease and variety of diseases are included in a nosology. One might have thought it impossible that any one duly acquainted with this book should fail or err in the observation of disease.

Doubtless, Dr. Laycock's future reputation will rest on his thoughtful study of the physiology of the brain. The labour of many years and the summary of many essays on this subject are included in his chief book entitled 'Mind and Brain, or the Correlations of Consciousness and Organisation' (2 vols. 8vo, 1860). I cannot undertake to say how far or in what parts of the physiology of the brain Dr. Laycock merits the honour due to discovery, for many before him, and many at the same time with him, were actively engaged in the study of the relations of the mind and brain, and many were active writers on it. But it is certain that among all who worked at the subject he was one of the most clear and influential, and I think it probable that as the knowledge of the mind observed from the material side becomes more general and more clear, his reputation will increase and become even greater than when he was among us.

Dr. Laycock died a fortnight after Dr. Sibson. The working power of our profession has rarely lost so much in so short time, and it would be difficult to find two good men in stronger contrast than these two were. The difference was in nature, for in education and first plan for life they were alike; both apprenticed, both provincial house-surgeons, both intending to be general practitioners and ending as distinguished metropolitan physicians. Here the likeness ended: the one spent himself in the precise determination of facts that could be told in numbers, inches, diagrams; the other in thinking of things imponderable, immeasurable. We need not try to decide which was the better or more useful man. Our studies are so wide, our needs so large, that there is more than enough for good men to do even though they be more unlike than these two and, if it be possible, more laborious than either.*

Dr. Henry Wyldbore Rumsey was born in 1809 at Chesham, where his father and grandfather practised medicine with good repute. His father deserves especial honour for having made the most complete and trustworthy notes of John Hunter's lectures on surgery. They were published in Palmer's edition of Hunter's works, and are probably as nearly accurate as any notes of such lectures as Hunter's could be. He was also the anonymous author of an interesting 'Memoir' of Dr. Bateman, the pupil and colleague of Dr. Willan and his predecessor in Dermatology (London, 12mo, 1826).

Dr. Rumsey studied medicine first under his father and then at the Nottingham Hospital and at St. George's, where he was for a time a house-pupil of Mr. Cæsar Hawkins. In 1831 he became a member of the College of Surgeons, and in the same year commenced practice with his father in Chesham. In 1838 he removed to Gloucester, and thence, after practising for twelve years and suffering great damage of his health during an epidemic of cholera, he went to Cheltenham, where he remained in practice till disabled by his last long illness.

Dr. Rumsey had many qualities that might have commanded large success in practice; a good knowledge of his profession, gentleness, activity, and good manners. But his heart was not in this part of professional duty; he gave himself to the study and promotion of the whole range of subjects commonly included under the name of State Medicine. He worked vigorously at these subjects for forty years, and few contributed more than he did to the vast improvement of the means for public health which those forty years have achieved. He was a keen discerner of defects in legislation, and an ingenious inventor of systems for amending them. He believed that in governments whatever is desirable is possible, if they who have the power can be induced to have the will. He therefore allowed himself no peace of mind, and to others not much, while he was urging what he thought would be remedies for the errors and shortcomings that he saw in the care for sanitary affairs. He was incessant in essays and addresses, in collecting and giving evidence, in deputations and committees. He seemed to live a life of controversy; but in all its difficulties and contradictions he retained his natural and well-educated gentleness and courtesy.

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* Lives of Dr. Laycock are in the 'Medical Times and Gazette,' Oct. 14, 1876, the 'British Medical Journal,' Sept. 30, the 'Lancet' of the same date, and the 'Scotsman,' Nov. 1. His chief works, besides those already referred to, and exclusive of papers and reviews, are 'The Social and Political Relations of Drunkenness,' 8vo, 1857, 'The Teaching of Clinical Medicine in the University of Edinburgh,' 8vo, 1857, sequel in the same year, 'The Scientific Place and Principles of Medical Psychology,' 8vo, 1861, 'Clinical Inquiries into the Influence of the Nervous System on Dropsies,' 8vo, 1866.

The greater part of Dr. Rumsey's published works are in essays and tracts which it is hardly possible to enumerate;* but the best are summarised in his two volumes of 'Essays on State Medicine' (London, 8vo, 1856), and 'Essays on some Fallacies of Statistics' (London 8vo, 1875). These show well the extent of his labours and the method of his work; something also of its success may be estimated in observing how many of the measures contended for in 1856 were carried in the following twenty years.

His merits were honorably, not richly, remunerated. He was a nominated member of the Medical Council, an honorary Doctor of Medicine of Trinity College, Dublin, and a Fellow of the Royal Society, and in his last long illness the regard of a great number of his professional brethren and of all who had been associated with him in sanitary affairs was very warmly testified.†

Mr. William Smith, of Clifton, who had been one of our

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* The best list of them is in the memoir in the 'British Medical Journal, Nov. 11, 1876.

† Lives of Dr. Rumsey are in the 'British Medical Journal,' Nov. 11, 1876, 'Lancet,' Dec. 9, 'Med. Times and Gazette,' Nov. 18. His chief published works are:

Essays on State Medicine	8vo, 1856
On Sanitary Legislation and Administration in England	8vo, 1858
Public Health, the right use of Records founded on local facts,	8vo, 1860

Fellows since 1845, was born in 1821 at Berkeley, where Jenner lived and vaccinated him. He received both his general and his professional education in Bristol, and was a pupil at the School of Medicine, the Infirmary, and the General Hospital. He studied, especially, under Dr. Symonds.

Mr. Smith, having passed the Hall in 1842 and the College in 1843, practised for three years in Bristol; but in 1849 his health was broken by an attack of cholera, and he was obliged for a time to live abroad. He had done so good service in the epidemic that he was honorably rewarded by some of his fellow townsmen. On his return he practised at Chesterfield and was Surgeon to the Chesterfield and North Derbyshire Hospital and Dispensary; but, after fourteen years, attacks of bronchitis compelled him to leave, and he finally settled at Clifton, where, so long as he had any health for work, he held a fair practice. He died in November.

Mr. Smith was a man of high culture and considerable literary powers, and contributed many papers, including reviews and translations, to the journals. Our 'Transactions' (vol. xlvi) contain an account of a case of poisoning by oil of wormwood observed by him.*

Mr. William Harvey died in December, sixty-nine years old. He had long been known as an aural surgeon in good practice, a sensible and very amiable man. He was a pupil at Guy's and began general practice with the usual double qualification from College and Hall in 1830. A few years later, having been elected Surgeon to the Royal Dispensary for Diseases of the Ear, he gave himself almost wholly to the special practice. He joined our Society in 1841 and served on the Council in 1854.

Mr. Harvey published many papers and some sensible books; including 'The Ear in Health and Disease' (London, 12mo, 2nd edit., 1856), a small manual of aural surgery illustrated

On State Medicine in Great Britain and Ireland 8vo, 1867
Some of the Education Aspects of State Medicine 8vo, 1868
The Correlation of Medical Poor Relief and Public Health Administration 1874
Essays on some Fallacies of Statistics 8vo, 1875
&c. &c.

* Note from Mr. W. Michell Clarke.

with many briefly told cases; another 'On Excision of the Enlarged Tonsil' (London, 8vo, 1850), in which, while vehemently opposing the practice for the cure of deafness, he perhaps too much depreciated the utility of the operation for other purposes; and one on 'Rheumatism, Gout, and Neuralgia, as affecting the Head and Ear' (8vo, 1852). In this he gives good illustrations of what, I believe, was the most useful part of his practice, the treatment of disorders of hearing by management of the general health. It was through this rule of practice that Mr. Harvey became, unintentionally, the author of one of the most popular therapeutic measures of our day, that of "Banting" as it was called. He was consulted on account of deafness by Mr. Banting, a short and very fat person, who was excessively annoyed by his fatness. Believing that the deafness might be due to defect of the general health, Mr. Harvey prescribed abstinence from several farinaceous and fatty kinds of food. The result was so rapid a diminution of Mr. Banting's fatness that he printed an account of his case in a pamphlet which he distributed gratuitously. It was largely read, and its writer, a well-known and respected resident in St. James's Street, was daily seen by large numbers of idle persons in good society, who talked the practice into notoriety. Hundreds adopted it; it was in repute for two or three years both here and in France; and then it ceased to be a fashion. Much to his credit Mr. Harvey gained no advantage from the pamphlet or its consequences; his name was not mentioned till, in the third edition of the pamphlet, Mr. Banting published it to save himself from the trouble of answering inquiries. It was not till 1872, after fashion had given up treating fatness, that Mr. Harvey published his own book 'On Corpulence' (London, 8vo, 1872), and I believe that it attracted very small attention.

Mr. Harvey was elected into our Society in 1841, and for some years before his death was Aural Surgeon to the Great Northern Hospital.*

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* Memoir in 'Medical Times and Gazette,' Dec. 23, 1876. Besides those named above Mr. Harvey published a 'Synopsis of the Diseases of the Ear, 1847, 'Manual of Aural Surgery,' 12mo, 1854, 'Treatment of Deafness from Diseases of the Throat,' 8vo, 1851.

Dr. John Butter was born at Woodbury, near Exeter, in 1791, and died at Plymouth in January. His father and great grandfather had practised our profession during a very long period at his birthplace. He was educated at the Exeter Grammar School, and at the Devon and Exeter Hospital. Thence he passed to St. Bartholomew's Hospital, and was a pupil there while Lawrence was Demonstrator of Anatomy, and James of Exeter was house-surgeon. With these he studied surgery, and boasted that he was more than a match for them at whist. He became a Doctor of Medicine of Edinburgh in 1820, a member of the College of Surgeons in 1821, and through his intimacy with Sir Humphrey Davy and Mr. Hatchett, a Fellow of the Royal Society in 1823.

The intimacy of his father with Lord Rolle led to his being appointed surgeon to the South Devon Militia, and the regiment being quartered at Plymouth led to his choosing that town as his home. He practised there for many years and did good work. Especially, he was the promoter, and may justly be regarded as the founder, of the Plymouth Eye Infirmary, an institution which has never since its foundation ceased to be the scene of charity and good ophthalmic surgery. Dr. Butter had studied practice in the Moorfields Eye Infirmary, his inaugural dissertation was De Ophthalmia, and though ophthalmic institutions were in that time regarded by some elder men as the works of culpable schismatics, he resolved to have one in his own town, and he stirred the people till he gained his end. In his Eye Infirmary, and in private practice, Dr. Butter was an energetic man, though by inheritance and otherwise he was rich, and a landed proprietor, and very fond of field-sports. He wrote many papers and essays, including one on "Irritative Fever,"* the name by which he described an outbreak of erysipelas, sometimes accompanied with pyæmia, after injuries occurring among the workmen in the Plymouth Dockyard. Twelve men died of very small injuries in two months. He did not see the cases, but he commented sensibly on them, and showed that bleeding did harm. His old friend Lawrence made the essay conspicuous by bitter criticism, and Travers made good use of it in his work on "Constitutional

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* 'Remarks on Irritative Fever, commonly called the Plymouth Dockyard Disease,' 8vo, Devonport, 1825.

Irritation." Twenty years before his death Dr. Butter became amaurotic, and he bore his forced abstinence from his accustomed work and pleasure with an exemplary patience.*

Dr. Robert Lee was born at Whitelee, near Galashiels, in 1793, and died in the beginning of last month. The son of an extensive farmer in that district, he was intended for the Scottish ministry, but, after one or two sessions of study in the University of Edinburgh, he resolved to change for the study of medicine. He was a pupil of Gregory, Hamilton, and John Thompson, and graduated as M.D. in 1815. After practising for a short time near Edinburgh, he was physician's assistant in the Royal Infirmary till 1817. From this time, with the exception of a short period during which he practised, till his health failed, in London, he travelled or resided with the families of the late Lord Melbourne, the Hon. W. Ponsonby, and Prince Woronzow. With the first he spent two years in Paris, and there studied midwifery and medicine; with the last he spent some time in the Crimea, where he introduced the use of quinine in the treatment of a prevalent fever, and collected many interesting facts, which he published during the Crimean war with the title 'The Last Days of the Emperor Alexander and the First of Nicholas.'

In 1827 he returned to practice in London. From 1827 he was Physician to the British Lying-in Hospital, and from 1830 Physician-Accoucheur to the Marylebone Infirmary. In 1830 he was elected a Fellow of the Royal Society, in 1833 a Fellow of the College of Physicians.† From the time of his return to London he devoted himself to the most vigorous study and practice of Obstetrics among both rich and poor, to the pathological anatomy of the diseases peculiar to women, and to dissection, especially of the nervous systems of the uterus and heart. Few men have worked harder than, in all these things, he did, and though some of his results are not approved, there can be no doubt of the excellence of some of his work, of the thorough honesty of all of it, and of his having had no selfish motive lower than that of a fair desire of good repute in science.

Dr. Lee lectured on Midwifery for many years. His last office was as Lecturer on Midwifery at St. George's Hospital, but his first lectures were given in his own house and among his pupils in 1834 was Dr. West, who says of him, "He was then, I imagine, beginning to get on, and was the same indefatigable worker as he continued to be all his life. He was engaged in the dissection of the nerves of the uterus, and his great refreshment seemed to be to go to a little room at the back of his house, and there show his specimens to any one who would take interest in the subject."

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* Note from Dr. Ashford.

† Obituary in 'Med. Times and Gazette,' Feb. 24, 1876.

Many of us can remember the like of this in later years, and how his dissections of the nerves and ganglia of the uterus, and afterwards of those of the heart and other internal organs, seemed to engage his whole mind and inflame it not only with the love of truth, but with scorn for those who could not see the truth where he did. For in Dr. Lee was a strong instance of that fault which sometimes goes with honesty; he was so sure that his convictions were the results of hard and well-intentioned study, so sure that he sought the truth and sought it in the right way, that he was wholly unable to believe that any one with equal honesty and almost equal industry could arrive at conclusions different from his own.

I believe it not possible to decide even now the value of his observations on these subjects. I believe it to be greater than it was deemed soon after he published his researches; but the decisive examinations have not yet been made.*

Dr. Lee's preparations are in the Museum of the University of Cambridge, to which, some few years ago, he presented the whole of his anatomical collection.† "His dissections of the nerves and ganglia of the heart and uterus are," as Professor Humphry writes to me, "evidences of his untiring industry and patient perseverance in working-out anatomical details to the furthest extent that knife and scissors permitted."

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* Professor Humphry writes to me that Dr. Lee's observations on the nerves of the uterus have been in some important particulars confirmed by Frankenhauser, 'Die Nerven der Gebärmutter,' June, 1867; and Professor Turner says "I have no doubt of the value and general accuracy of Dr. Lee's dissections of the nerves of the heart. The specimens are models of careful dissection, such as few would have the skill and patience to execute."

† The collection contains, besides the dissections of nerves, many specimens illustrating the pathology of the uterus and ovaries, and a series of carefully prepared specimens of plugged veins. It contains also his preparations of the placenta described in his work 'On the Structure of the Human Placenta,' 4to, 1832. A catalogue of the collection has been written by Dr. Robert James Lee, who in dissections of the nerves of the iris has shown skill equal to his father's.

In relation to these dissections a biography of Dr. Robert Lee must be very incomplete unless it tells of the controversy which ensued when the Royal Medal of the Royal Society was in 1848 conferred on Dr. Snow Beck for his paper "On the Nerves of the Uterus;" but I prefer the incompleteness. I will not revive the dispute in which, within one month, death imposed silence upon both the chief disputants and, we may trust, made peace between them.

Concerning Dr. Lee's obstetric works, Dr. West writes that, though their utility is very seriously impaired by his opposition to all innovation, and though he condemned even the judicious use of the forceps, and was extreme in his employment of craniotomy, and opposed the occasional detachment of the placenta in cases of placenta prævia, and denounced the use of chloroform and the employment of the speculum, and the performance of ovariotomy, "not only as mistakes, but as crimes," yet "with all these deductions he was a remarkable man. His lectures on Midwifery are very clear, plain in their language but always correct, displaying that thorough mastery of his subject which large experience alone can give, and a thorough acquaintance with all the older English and French writers." His book 'On Some of the most important Diseases of Women,' published in 1833, and founded on a paper in the fifteenth volume of our 'Transactions,' although its classification of diseases may be demurred to, "is yet a model of pains-taking work and of clear statement, the result of intelligent observation;" and his Clinical Midwifery,* containing the particulars of between 500 and 600 cases of difficult or preternatural labour, is a monument of indefatigable labour such as few have ever raised, and is most instructive by the candour with which the cases are narrated." The same may be said, I believe, of his 'Three Hundred Consultations in Midwifery' (London, 1864, 12mo).

In our own Society Dr. Lee was the most active amongst us. He became a Fellow in 1822, and was, in succession, Member of Council, Secretary, Vice-President. He contributed to our 'Transactions' twice as many papers as any living Fellow, and among these papers three attracted the largest meetings we have ever had; the largest numbered 219, the smallest 191. I fear we must admit that this rare conflux was due not only to the importance of the subjects but to the expectation of vehement debate; for Dr. Robert Lee always felt strongly that he was in the right; and he expressed his strong convictions with corresponding force of word and gesture. We have no one like him now, and our meetings would have seemed to him very dull. They are not I hope less useful; and I cannot wish for a return of the same vehemence of debate and hardly hidden personalities as I remember. Yet some of these debates did good, though it may be in a too rough way. In a court of law nothing is admitted as a fact unless everything that can be said against it has been disproved or set aside. That which survives the process is thereby assured and more fit to be a ground for practice; that which fails is justly set aside. In this analogy, Dr. Robert Lee was a severe cross-examiner in trials of novelties. Some endured it, and were the stronger for his opposition: this was notably the case with ovariotomy. Some failed or were checked; but on the whole he did good; error was put-down, and truth was made the stronger by having to resist resistance.*

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* Second edition, 1848.

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* For a list of Dr. Robert Lee's papers in our 'Transactions' I may refer to the index of 1871. He wrote several articles in the 'Cyclopædia of Practical Medicine.' His chief separately published works, some of which are founded on his papers, are as follows:

On the Structure of the Human Placenta	4to, Lond., 1832
Pathology and Treatment of the Diseases of Women	8vo, 1833
Pathological Observations on Diseases of the Uterus	Part 1, folio, 1840
Clinical Midwifery	(2 editions) 12mo, 1842–8
Lectures on the Theory and Practice of Midwifery	8vo, 1844
Anatomy of the Nerves of the Uterus	*plates*, folio, 1841
On the Ganglia and other Nervous Structures of the Uterus	(2 editions) 4to, 1842–49
On the Ganglia and Nerves of the Heart	(2 editions) 4to, 1849–51
Clinical Reports of Ovarian and Uterine Diseases, with Commentaries	12mo, 1853
On the Employment of the Speculum in Uterine Diseases	8vo, 1858
Three Hundred Consultations in Midwifery	12mo, 1864
History of the Discoveries of the Circulation of the Blood, of the Ganglia and Nerves, and of the Action of the Heart	8vo, 1865

*Sir William Fergusson** was born in 1808 at Prestonpans in East Lothian, and died in London on the 10th of February. His father was a gentleman holding an appointment in the Excise, and he was educated under the guidance of his uncle Colonel Fergusson, first at a grammar school at Lochmaben, then in the High School of Edinburgh, then in the University. He was for two years in a lawyer's office, but he disliked the work, and in 1825 began the study of medicine. He devoted himself especially to anatomy under the guidance of Robert Knox, and as early as 1828 was demonstrator to his class of about 400 students. In the same year he became a Licentiate and in 1829 a Fellow of the College of Surgeons of Edinburgh. Soon after this he was associated in teaching anatomy with Knox and John Reid, and in 1831 was elected Surgeon to the Edinburgh Royal Dispensary. He rapidly gained reputation as a surgeon, and this increased when, in 1836, Liston left Edinburgh for London, and left him highest in renown as an operator. In 1836 he became Surgeon to the Royal Infirmary of Edinburgh, and in 1840 was elected Professor of Surgery in King's College, London, and Surgeon to the Hospital. His reputation at first slowly but after two or three years rapidly increased; and gradually he gained both wealth and nearly all the honours attainable by surgeons: Consulting Surgeoncies, the Fellowship of the College in 1844, a seat in the Council in 1861, an Examinership in 1867, President in 1870, Professor of Anatomy and Surgery in 1864 and 1865, Hunterian Orator in 1871, President of the Pathological Society in 1859-60, and of the British Medical Association in 1873. In 1849 he was appointed Surgeon to the Prince Consort, in 1855 Surgeon-Extraordinary, and in 1867 Sergeant-Surgeon to the Queen. A baronetcy was conferred on him in 1866, the LL.D. of Edinburgh in 1875, and it may certainly be said that the value of every honour that he received was enhanced by the approval of his brethren in our profession. Their esteem for him was shown often and variously:—by his early election into the Council of the College; by the testimonial from his pupils when he was made a baronet; by the presentation of his portrait to the College of Surgeons; and, at the last, by the concourse of his friends when his body was taken from London for burial in his home in Scotland.

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* The life of Sir W. Fergusson is very fully published in all the weekly medical journals in February, 1877.

Sir William Fergusson was the chief practical surgeon of his time, and had for many years the largest and the best surgical practice in the kingdom. The character of such a man deserves careful study. He attained the success for which the best among us strive, and as he gained it honestly and with no help of money, good connections, or unusual education, there must have been much in him that merits imitation.

Doubtless, that in which he was most eminent was his great ability in operations; and for this he was very remarkably endowed by nature. His arm and hand were strong, not soon wearied or unsteady, and he educated to the highest degree their natural sensitiveness and mobility. He taught them not only in the hours upon hours which, in his early life, he spent in dissecting, but in his amusements, his music, and fine carpentry. He thus gained the perfect hand for operating; strong, pliant, swift, sensitive alike with tact and muscular sense; the hand perfect for learning as well as acting. His eye was keen and educated to the same accuracy as his hand. Years of practice in dissecting and in operating made him as familiar with the characters and relations of every structure as with the features of friends' faces; and he was always calm and cool. His calmness was doubtless due, in part, to self-control; but much more of it was natural, a piece of his quiet gentle nature; and because his calmness was thus natural, and needed no effort of the will for its maintenance, his mind was free to observe and think and act as well in the difficulties of operations as in quietude and ease.

Moreover, a natural love of mechanics made him a good judge of apparatus, a lover of simplicity, critical of defects in instruments; and as he was naturally orderly, so his plans for an operation were well designed, his apparatus was always complete and in place; every appliance was as nearly as possible perfect.

Altogether, in manual sensibility and dexterity, in calmness, and in mechanical power, Fergusson was by nature more highly endowed than any one that I have known to be a great surgical operator; and he improved himself by constant practice and self-culture.

Thus fit to be an operator, fit alike by nature and by study, he was, of course, what is called a bold one; but he was not reckless. His boldness was not of that kind which enjoys great and unknown risks; he justly measured the work to be done and his power to do it, and if he thought them fairly matched, then the larger the work the better he liked it, and the better he did it. It was thus that in his boldest operations he always completed what he undertook, and did it as gently, as quickly, and as cleanly as was consistent with completeness. But it would be a shame to Fergusson and to good sense and good surgery to say that he owed nearly all his success to his excellence in operating. Operative skill alone could not have gained for Fergusson more than a small part of his success. It gained him his first reputation; the second he owed to the publication of his 'System of Practical Surgery;' and when these drew on him attention he was found to be good in a wide range of professional knowledge, and very charming in his personal character.

In many and important cases he was quick and clear in diagnosis; he saw into them at once and, without analysis or weighing of evidence, formed a just opinion. I used to think of him as of an experienced magistrate, who can often discern at once the character of a prisoner, and, without legal subtlety or balancing of fallacious evidence, can make up his mind aright. It is an admirable quality when the limits of its exercise are carefully restrained, and Fergusson was in this respect very careful; if he could not thus quickly decide a diagnosis he confessed his doubts, waited, and advised prudent harmless treatment. His caution and his readiness to remain inactive in cases difficult of diagnosis appeared to me one of the most remarkable features of his character; it made him a safe surgeon in the class of cases in which good operators are apt to be dangerous. I have no doubt that it contributed largely to his success in life.

Similar prudence was shown in his treatment of the large and various classes of cases with which he had to deal in his morning consultations. He had no system of bold off-hand or severe treatment; his prescriptions, whether of medicine or diet, were simple and sensible. Such boldness as he had in great operations he did not exercise in his prescribing or in his daily minor surgery; he adopted with care and moderation the usual rules of practice, and was patient, gentle, and slow to change. He thus, without effort or intention, escaped the risk of being thought a dangerous practitioner, and many that went to him timidly expecting violence and bloodshed, were charmed with his gentleness and prudence.

Fergusson had, indeed, such personal and social qualities as would have commanded the assistance of a crowd of friends and the confidence of the public—I do not say of the profession—even if he had been a very ordinary practitioner. He was personally attractive, gentle alike in voice and manner, cheerful, warm-hearted, and very kindly in his judgments of others. He had spent some years in the bitter controversial atmosphere that was once prevalent in Edinburgh, and he left it unharmed. I think that no one ever heard him speak harshly even of those that had shown very bitter rivalry. Indeed, he so hated all kinds and degrees of controversy that, rather than dispute with them, he would be on good terms with some who were scarcely worthy to associate professionally with him. Of course, with all these qualities he was an agreeable companion; he was fond of society, and society of him; but more than this, he was very firm in his friendship, and very generous to those who were in need, and he had a most tender-hearted love of home. Add to this that he was habitually orderly, very shrewd in business, punctual, healthy, and both able and willing to do a vast quantity of work; and it is surely no wonder that he attained the highest possible success in private practice.

As a teacher he had great personal influence. His pupils admired him, boasted of him, and were proud to be in any degree like him. He taught them less in words than in acts and manner; they saw his movements, his method of touch, his calmness and quiet execution of design, his order and completeness of plans. These were his lessons. His oral teaching was less effective; he had no taste for what is considered complete and systematic teaching; he had not thus learned surgery, and this was not his manner of teaching it. He addressed the eyes of his class with much more influence than their ears.

He did himself more justice in his writings; they speak clearly and vigorously. In the subjects to which he chiefly devoted himself, in all that relates to operative and mechanical surgery, in all that the hands and much of what the eyes should learn, his writings are full, precise, and strong. When they are not decisive it is because he knew that there are more good ways than one of doing most things in surgery, and that it is not possible to state in few words the grounds on which in each case choice of these ways is to be made. His 'System of Practical Surgery'—especially in its last editions—represents him as exactly as any book can represent an author whose life was spent in action more than in thinking. It shows alike the range and the limitation of his knowledge, his confidence in what he could learn in surgical practice, his disregard or distrust of knowledge derived from other sources. It shows, too, that contrast in his mind of which I have spoken; on the one hand, the calm resolution with which he would deal with great difficulties for which he had prepared himself, and with the whole group of cases which he had especially and in his own manner studied; and, on the other hand, the prudence and brevity with which he set aside other groups of cases or referred them to the 'General Principles of Surgery.' The latest edition of this System and his Lectures on the Progress of Anatomy and Surgery, given at the College of Surgeons in 1863, tell also that which it was always pleasant to see him enjoy—the satisfaction of looking back on a life of hard work in which he knew that he had done good and had made improvements in surgery, which had enabled many to be successful where his teachers and himself, in the beginning of his life, had failed.

Fergusson will always deserve a place in the history of surgery for these improvements, and for the great influence which he had in promoting changes in which others hesitated. Chief among these were his operations for harelip and for cleft palate, with his division of the levator palati and his splitting through the hard palate; his method of excision of joints, especially those of the hip and knee; his removal of the upper jaw with the labio-nasal incision; his simplification of the lithotrite, and generally the simplicity which he encouraged in all apparatus. The name also which he invented for much of his work, that of conservative surgery, will doubtless have good influence as an easily remembered expression of the highest aim of good surgeons. But Fergusson's chief influence will be through our distinct remembrance of him. His good qualities were such as none can forget who had the happiness of knowing them intimately. There was a charm about him that attracted imitation. Only let us bear in mind that, if through imitation we are to do the same good or to gain the same success as he did, we must imitate the whole of what was good in him.*

At the conclusion of the President's Address it was moved by Mr. Marshall, seconded by Mr. Erichsen, and carried with great applause:

"That the best thanks of the Society be given to the retiring President, Sir James Paget, Bart., for the able and efficient manner in which he has presided over the meetings of the Society during his two years' term of office, and that he be requested to allow his most excellent and eloquent address to be printed."

It was also moved by Mr. Charles Hawkins, seconded by Dr. Stewart, and carried unanimously:

"That this meeting desires to express its thanks to the retiring Vice-Presidents Dr. E. Ballard, Mr. Chas. Brooke, and Mr. John Marshall, and to the other retiring members of Council, Dr. Wilson Fox, Dr. Graily Hewitt, Mr. John Couper, Mr. Geo. Gaskoin, and Mr. Thomas Smith, for their interest and services in the management of the affairs of the Society during the time they have been in office."

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* Sir William Fergusson's papers in our 'Transactions,' of which he became a Fellow in 1841, are in the 28th, 31st, and 40th volumes. His several published books are named in the text, namely, his 'Practical Surgery,' of which there were five editions, his 'College Lectures,' and his 'Hunterian Oration.' It should be mentioned also that he was the originator of the collection of surgical instruments in the College of Surgeons, and a large contributor to it.

Mr. Charles Hawkins in his remarks on proposing the latter vote of thanks incidentally alluded to the singular fact that just sixty years ago the offices of President of the College of Surgeons and of the Medical and Chirurgical Society had been held contemporaneously by the same individual, the celebrated Henry Cline, who had also during his Presidency of our Society delivered the Hunterian Oration in exact parallelism with our retiring President, Sir James Paget.

The President returned a few words of thanks for the highly commendatory and, to his own feelings, too eulogistic way in which his conduct in the Presidential Chair had been referred to and his address received, and then announced the result of the ballot for Officers and Council for 1877-78, as follows:

President.

*Charles West, M.D.

Vice-Presidents.

Richard Payne Cotton, M.D.
*William Wood, M.D.
*John Cooper Forster.
*John Wood, F.R.S.

Treasurers.

William Wegg, M.D.
John Birkett.

Secretaries.

John Harley, M.D., F.L.S.
John Whitaker Hulke, F.R.S.

Librarians.

*Charles Murchison, M.D., LL.D. Ed., F.R.S.
Timothy Holmes.

Other Members of Council.

- *Robert Barnes, M.D.
- Lionel Smith Beale, M.B., F.R.S.
- *William Chapman Begley, M.D.
- Edward Headlam Greenhow, M.D., F.R.S.
- William Ogle, M.D.
- Richard Barwell.
- Arthur Edward Durham.
- *Richard Phillips.
- *John Soelberg Wells.
- *Erasmus Wilson, F.R.S.

Those gentlemen to whose name an asterisk is prefixed were not on the Council, or did not fill the same office last year.

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

March 13th, 1877.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—39 Fellows and 7 visitors.

Books were presented by Mr. Lennox Browne, Mons. Paquet, and Professor Rizzoli.

The original autograph MS. of the address of Sir B. Brodie at the Anniversary Meeting, on March 1st, 1840, was presented by Mr. Charles Hawkins.

Félix Sémon, M.D., was admitted a Fellow of the Society.

William Ewart, M.B., M.R.C.P., was proposed for election.

The following communications were read:

I. The Pathological Anatomy of Canine "Chorêa." By W. R. Gowers, M.D., Assistant Physician to University College Hospital, and H. R. O. Sankey, M.R.C.S. (Received February 13th, 1877.)

(*Abstract.*)

The paper contains an account of the changes found in the nerve centres in two cases of the disease of the dog which has been termed "chorea," although it bears little resemblance to the chorea of man. It consists of quick muscular contractions, separated by an interval, and without incoordination or fidgetty movement. In the two cases the movements were similar. In one they were confined to one foreleg, and the changes found in the nervous centres were slight; the medulla oblongata presented nothing abnormal. In the spinal cord the large nerve-cells of the cervical region were very granular and appeared swollen, the body of the cell being in some instances apparently distended with granules, so that it had an almost globular form. This change was more marked in the right side than in the left. In the upper part of the cervical region there was a slight increase in the minute nuclei of the anterior column on the right side. In the upper lumbar region the nerve-cells of the right posterior vesicular column were much more granular than those of the left.

In the other case, a young retriever, the twitchings were general and had commenced (in one foreleg) after distemper, two months before death. They were more marked when the animal was at rest, and were accompanied with considerable weakness in the limbs, especially the hind limbs. Sensation was considerably diminished, the posterior half of the trunk and hind limbs being quite insensitive. The muscles of the neck and those of the larynx, tongue, and jaw were involved in the twitching. After death the heart, the muscles, and the cerebral hemispheres, with

the central ganglia, were healthy. Microscopic examination showed extensive disease in the spinal cord, medulla oblongata, and cerebellum. The most conspicuous change was an infiltration of small round lymphoid-cells, precisely resembling white blood-corpuscles. Areas so infiltrated were found abundantly in both white and grey substance in all parts of the cord, the distribution varying much, in some parts in the lateral, in others in the anterior, in others in the posterior columns. In places the anterior, in others the posterior grey cornua were infiltrated. In some places the nerve tissue appeared disintegrated and destroyed, but where the infiltration was slighter it was in the form of ramifying tracts always corresponding to the course of vessels. From this the authors are inclined to regard it as a leucocytal infiltration. The nerve-cells in many parts appeared healthy, but in others were very granular and in some parts were surrounded by the lymphoid cells. Some nerve-cells had a granular centre and an ill-defined boundary. The protoplasm of many was encroached on by vacuoles, partly outside the cells. These had in places almost destroyed the cells. They appeared formed during the process of hardening, but the authors suggest that they are of pathological significance, since they were absent in another cord similarly prepared. In the medulla oblongata the changes were similar but slighter, and confined to scattered areas of cellular infiltration. A similar infiltration existed extensively in the medulla of the cerebellum, and was in some places very dense. The cortex of the cerebellar folia was healthy.

In each dog the effect of section of the cord was observed. In the slighter case, Dr. Hughlings Jackson had noted* that the movements continued for a few moments after pithing. In the other, in which the changes in the cord were extensive, artificial respiration was kept up after division of the cord, and no movements occurred in the parts below the section, although they continued in the muscles of the head and jaw. In other recorded cases, however, similar movements have been observed to persist after the section of the cord. It is remarkable, therefore, that in this case, in which the cord was so diseased, the movements should have been arrested. It is possible that in some cases the movements may be of encephalic (perhaps cerebellar), in others of spinal origin, but another explanation of the cessation of the movements may be that the section of the cord temporarily inhibited by shock the action of the weakened nerve-cells of the cord. The cellular infiltration appears from its course to have been the result of vascular disturbance, but whether primary or the result of functional overaction of the nerve elements it is difficult to say. Its random position indicates an independent progress, and accounts for the motor and sensory paralysis, but its limitation to the cord, medulla, and cerebellum suggests a primary dependence on functional disturbance of the nerve elements. The only morbid appearance common to the two cases was a change in the nerve-cells of the cord, and this may be regarded as the primary morbid change; the indication of their overaction, to which the vascular change and cellular infiltration are secondary in origin. To decide these and other points, however, further observations are necessary.

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* 'Med. Times and Gaz.,' May 1, 1875.

II. Case of Vesical Calculus, the nucleus of which was a piece of necrosed bone; removed by Lithotomy. By William David Wilkes, M.R.C.S., Surgeon to the Salisbury Infirmary. (Communicated by Sir Henry Thompson.) (Received February 27th, 1877.)

M. P—, æt. 50, an agricultural labourer from Enford, Wilts, was admitted into the Salisbury Infirmary, October 14, 1876, for stone in the bladder.

He is a tall thin man, with a care-worn face, from long suffering. He has continued at his work until a few weeks since, when the stone was detected.

There was nothing to suspect any peculiarity in his case. On sounding him a large stone was felt; this, with a small orifice to the urethra and a very sensitive passage, indicated lithotomy rather than lithotrity as the better surgery. He was kept in bed for ten or twelve days before the operation, and had infusion of

Triticum repens, with tincture of Hyoscyamus at night. These gave him relief, and there was less muco-purulent deposit in the vessel.

On October 30th I performed lateral lithotomy on the right side, from my being left-handed. Chloroform was given, and after consultation with my colleagues, a No. 10 staff was passed, the stone was felt and heard, and an operation was decided on.

The outlet of the pelvis was narrow; in consequence I entered the knife rather less than one inch and a quarter from the anus, and a quarter of an inch from the raphé, and made the incision freely downwards. With the right forefinger I worked my way to the groove in the staff, entered the knife, and with a straight push passed into the bladder, and felt the stone. The opening was enlarged slightly on the return of the knife. I was unable to grasp the stone with the first pair of forceps, neither would the stone roll into the lower blade on the forceps being widely opened and the blade placed underneath; a scoop was unsuccessful. I then used a large forceps, grasped the stone, and holding it firmly for extraction, the stone was crushed in the instrument. Removing what the blades contained, I passed my finger into that which seemed to be a large hole in an old mud wall, and after extracting the large fragments, I found still a large piece, as it were, on a shelf in the upper and back part of the bladder, and this, when removed, was found to contain a piece of necrosed bone as a nucleus; the bladder seemed also fixed on the right side, leading to the conclusion that there were unnatural adhesions.

After removing all the fragments I could, I washed the bladder freely out through the wound with a Higginson's syringe, and neither myself nor my colleagues could detect any more of the stone. There was no vessel to tie, no tube was inserted, and the patient was in a very fair state.

It was not until after the operation that I learnt the following facts. In June, thirteen years ago, he fell from a tree, some eighteen or twenty feet, upon his right hip; he worked for a day or two, and becoming ill he went into the infirmary of the workhouse. An abscess subsequently formed, and in the course of six months two or three small pieces of dead bone came away from the inside of the right thigh, where there is now a puckered cicatrix just below the origin of the adductor longus. He had no trouble afterwards, and continued at his work until he went as a shepherd the beginning of this last March, when bladder symptoms began, and continued until his admission.

The nucleus—necrosed bone—weighs eight grains; the crushed fusible calculus (dry) weighs 430 grains.

His subsequent progress was slow, though never such as to give anxiety for his life; this was owing to some small grit of stone matted with mucus working away from the bladder through the wound. By frequent syringing the bladder was cleared of any fragments, and in from six to seven weeks the urine came the natural way, with an occasional drop during the day from the slight fistulous track of the wound. At the present time, December 27, he is all but well, and will leave the hospital in a few days.

This case has additional interest from the fact that it is another illustration of a very unusual cause of calculus in the bladder, viz. the existence there of a piece of bone after necrosis and detachment from a neighbouring portion of the skeleton. The first case mentioned in the Society's records is one published in the 'Proceedings' of February 13th, 1866, a case reported by Sir Henry Thompson, who has operated on another and similar case, in March, 1872, by lateral lithotomy, in the University College Hospital—a lad of fifteen years of age—who, like the preceding case, has made a good recovery.

III. On Congenital Dislocation of the Knees (tibia forward). By Richard Barwell, F.R.C.S., Surgeon to the Charing Cross Hospital. (Received February 27th, 1877.)

(Abstract.)

Harry B—. æt. 6 weeks, was brought to Charing Cross Hospital to see Dr. Barlow on account of an eruption about the thighs, 24th October, 1876. This was quite unimportant, but Dr. Barlow detected an abnormal condition about the lower limbs and asked Mr. Barwell to see the child.

The posture of thighs and legs is unusual, the former being kept extended on the body, the latter hyper-extended at the knee. Across the front of the joint is a deep tegumentary fold, above which the parts, more especially in the middle line of the limb, are soft, the finger sinking deeply, and below which the tuberosities of the tibia can be felt unduly prominent. The popliteal depression is replaced by a protuberance which can be felt as double and is easily recognised, as the condyles of the femur; below this the normal hardness over the back of the tibia is lost. Mr. Barwell diagnosed congenital dislocation (almost complete) of the tibia forward. On the left side the patella, though small, was evident. On the right he could with the most careful examination find no patella. Besides this condition of the knees the following peculiarities exist:—the thighs cannot be straightened on the pelvis; this is compensated by remarkable flexibility of the loins, the position simulating though not due to hip dislocation; there is equino-varus of the right foot and slight double internal strabismus.

This is the fourth child of healthy parents; there is no deformity in any branch of the family; the birth was normal, head presentation, without instrument. During the third month of gestation the mother had a fall downstairs; during the sixth a severe fright. She had a very uncomfortable pregnancy, not being able to get about, for it was very low down.

Partly on account of the skin eruption, partly on account of his being "a very wet baby," Mr. Barwell thought it better to postpone active treatment; but saw the child from time to time. Although a simple attempt to flex the limb entirely failed, yet he found that by placing the thumbs on the tuberosity of the tibia in front and the fingers on the femoral condyles behind he could partially reduce the dislocation and then bend the limb somewhat, therefore when other circumstances suited he had the child admitted into hospital, and on the 9th January, chloroform being administered, he pressed the joints as far as possible into position and flexed the limbs as much as could be effected without using too much force, and then placed them in plaster of Paris; the left could be more perfectly bent than the right.

23rd.—In a fortnight this was repeated and both limbs could now be well bent and the tibia lay in good position; the left patella had increased in size, the right one could now be felt, but was small.

24th February.—He has been seen in this interval, and on the 10th the plaster was removed, the knee in good position, movement good; no dressing applied, but free passive motion in the direction of flexion enjoined. At this date the knees were normal, they could both be bent till the heel was close to the buttock, the patellæ on both sides are nearly or quite normal, and the fold of skin across the front of the joint had disappeared.

This deformity is so rare that there are not half a dozen cases on record: one by von Ammon; two specimens, probably still-born children, shown by Guerin; one case seen by Hilton, and one mentioned by him as having been seen by Sir Astley Cooper; and one case recently reported at the Clinical Society by Mr. Godlee.

Some of these cases are described as congenital absence of the patella, others (Guerin and Godlee) as dislocation forwards of the tibia at the knee. The author submits that since dislocation is not always present when the patella is absent, and the patella is present when dislocation occurs, this absence or presence is an essential feature in the case and ought not to give the name to this condition.

The only writers who speak of any treatment are Hilton and Godlee; the former surgeon's can hardly be termed treatment, the patient only learning to walk fairly well in about twenty-four years. Mr. Godlee treated his case by instruments, the child crept about tolerably well, but did not use the leg nicely at the fifteenth month. Mr. Barwell's case was cured in about six weeks of treatment, and he thinks the mode of treating the dislocation the correct one.

March 27th, 1877.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—23 Fellows and 4 visitors.

Books were presented by Dr. Crane, Dr. Loewenberg, Dr. Routh, Dr. S. W. D. Williams, Drs. T. R. Lewis and D. D. Cunningham, the Obstetrical Society, the Royal Institution, and St. Bartholomew's Hospital.

The following communications were read:

I. On the Morphœa Alba or Leuce, with cases. By George Gaskoin, M.R.C.S., Surgeon to the British Hospital for Diseases of the Skin. (Received February 26th, 1877.)

(*Abstract.*)

This paper refers to the threefold division of leuce as recorded by Hensler, *i.e.* into morphœa alba, leuce and tyria. This is declared to be superfluous; the same morbid process reigns in all and all three are distinguished by a red areola. The morphœa alba has never been considered otherwise than as a surface lesion, and the idea thus entertained of it is accounted for, perhaps, by a vice of origin; the term being first introduced in early translations from the Arabic, serving then as equivalent for alphos which we now account to be psoriasis. At the present day it has supplanted the leuce.

The consequence of this has been that many important cases are disinherited of their name and position, and are recorded as anomalous. Two such are gathered from the experience of Sir

Benjamin Brodie, one superficial and the other deep. They were regarded by that eminent surgeon as cases of cutaneous gangrene, but in accordance with the classification of Alibert they might be grouped with leuce tyria.

Cases were laid before the Society which resolve many points in the natural history of leuce; among others, that curious exfoliation of the epidermis which has been likened to the shedding of a serpent's skin (*à tyro serpente*); showing that this may occur in the most chronic and superficial cases, being little more than an accident in the disease and no true test of its severity. The position is controverted that leuce is to be distinguished from lepra and elephantiasis by "absence of roughness, erosion and pruritus." It is proved that agreeably to the definition of Swediaur it may be attended by crusts occasionally of ponderous character, but still with a notable difference from those of psoriasis.

The cases were illustrated by drawings.

II. On a Case in which a Flexible India-rubber Tracheotomy Tube was removed from the Right Bronchus. By Henry G. Howse, M.S., F.R.C.S., Surgeon to Guy's Hospital and to the Evelina Hospital for Sick Children. (Received March 12th.)

(*Abstract.*)

Details of a case in which a rubber tube was withdrawn from the right bronchus of a patient in whom tracheotomy had been performed ten years previously for syphilitic disease of the larynx, but in whom the rubber tube had only been in use for seven weeks.

Remarks showing the way the accident occurred.

Suggestions for the avoidance of similar accidents in the future.

Mr. Hutchinson showed a patient and exhibited drawings illustrating a very rare form of lupus. The morbid processes were on a very diminutive scale, with little tendency to inflammation and slow in spreading. He suggested for the malady the term "lupus marginatus." The following are the details of the case :

The subject of the case is a fair-haired boy, aged 8, of thin skin and delicate complexion. He is the youngest of five, and there appears no reason whatever to suspect inherited syphilis. His skin disease is said to have begun during his first year and soon after vaccination, but there is no evidence that it was in the least connected with that event, and it has not attacked the scars. From its commencement to the present time the eruption has been slowly spreading, and it has never shown any tendency to cure.

The skin disease consists in a number of round or irregularly oval spots and patches on his face and left upper extremity. On the face some tendency to symmetry is to be noticed, but his right upper extremity is wholly free. There are no spots on his trunk or lower extremities. On the face the eruption is very conspicuous, the abrupt margins of the patches producing an appearance which might be compared to inland seas on a map. The margin which surrounds each patch is about a line or two in width, and is slightly elevated, of a dusky red-brown colour, and feels rough under the finger. On an almost microscopic scale it may be said to be sinuous and slightly tubercular. Nowhere is there the slightest tendency to ulcerate or produce scab. The areas enclosed by the margins just described are whiter than the adjacent skin, and on careful inspection it may be recognised that they are in the condition of thin supple scars. The fact that they are cicatricial is more easily proven in some than others, one for instance on the side of the nose and on his left temple are very definitely such, whilst about some others doubt might be entertained. I have myself no hesitation in saying that they are all scars. Some of the patches on the eyelids extend to the mucous membrane. In some places, small patches or spots are seen which as yet have no central scar area. These appear to be the first stage of the disease. The patches occur on his forehead, temples, eyelids, nose, and cheeks, and it may be noted as an evidence of symmetry that on the edge of the helix of each ear there are a few small spots.

On the left arm are a number of patches mostly exactly like those on his face, but with the peculiarity that most of them are arranged in a long streak down the forearm. On the hand, probably in connection with anatomical modifications in the structure of the skin, and also with exposure to irritation, the patches assume somewhat different characters, and are indurated, with considerable epidermic accumulation after a verrucous pattern. One of the nails is involved. On the front of the left shoulder is a group of small spots which could scarcely be distinguished from lichen.

There can be no doubt that each patch begins as a point, from which gradual spreading takes place, the narrow edge slowly advancing in a serpiginous manner, and leaving the abandoned parts in a state of scar. These features taken with its long persistence, and the absence of any syphilitic history denote it, I think, conclusively as a form of lupus. I have never, however, before seen a case of lupus in which the processes were on a scale so delicate and minute. The amount of new deposit is exceedingly small, and there is scarcely any congestion or inflammatory action. Cases of lupus sometimes present themselves, which in respect to the absence of inflammation approach this, but I may repeat I have never seen anything so extreme. All its features of difference, however, from common lupus concern matters of degree and not of kind.

April 10*th*, 1877.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—43 Fellows and 4 visitors.

Books were presented by Dr. Burdon Sanderson, Dr. Sieveking, Mr. Streatfeild, the Medical Council, and the India Office.

The following gentlemen were elected Fellows of the Society:—J. Cranstoun Charles, M.D., A. H. G. Doran, F.R.C.S., William Ewart, M.B., Tilbury Fox, M.D., J. Rickman Godlee, F.R.C.S., and Francis Warner, M.D.

The following communication was read:

On Direct Wounds of the Ureter. By TIMOTHY HOLMES, F.R.C.S., Surgeon to St. George's Hospital. (Received March 2nd, 1877.)

(*Abstract.*)

The present communication describes a case in which it was thought probable that the ureter was punctured from behind by a stab-wound, implicating no other structure of importance. The injury occurred to a boy, who was accidentally stabbed by a playmate. The wound was a very small one, and bled but little. . Immediately on the cessation of the hæmorrhage a copious flow of clear fluid was seen to proceed from the puncture, and this continued for a fortnight, in quantity sufficient to soak three large draw sheets in the course of

the day. The composition of the fluid was extremely different to that of normal urine; but it differed also from that of the cerebro-spinal fluid, which seemed to be the only other secretion that could have been evacuated by a puncture of this kind. Nor did the symptoms point to any lesion of the spinal membranes or nerves, while the urinary secretion was much altered in quantity and quality from the date of the injury. Various arguments are adduced to prove that the lesion in this case was really a direct wound of the ureter—an injury not hitherto treated of in our surgical works, though direct wounds of the kidney have been carefully described. The possibility of the occurrence was illustrated by a preparation made on the dead subject which accompanied the paper.

April 24th, 1877.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—22 Fellows and 3 visitors.

Books were presented by Dr. Brunton, Dr. W. H. Day, Dr. Sieveking, Dr. C. T. Williams, Prof. Rizzoli, the India Office, and the Academy of Sciences of Amsterdam.

Alban H. G. Doran, F.R.C.S., was admitted a Fellow of the Society.

The following communications were read:

I. Note on the Delhi Boil (Furunculus Delhinus). By H. V. Carter, M.D., Surgeon Major H.I.M. India Army. (Received March 12th, 1877.)

(Abstract.)

The author regards this affection as different from any form of syphilis, and from other admitted local manifestations of impaired constitution. A brief summary of characters pointing to its specific nature prefaces the particular observations, made last spring and summer (1876), upon specimens of the boil kindly furnished by Dr. Fairweather, Civil Surgeon at Delhi. Changes in the epidermis and appendages of the skin involved are alluded to, particular mention being made of the "globes epidérmiques' which have been already noticed by other observers, and which equally abound in the 'bouton de Crète;' and the hypertrophied state of papillæ, with dense cell-infiltration of the whole cutis and subjacent tissue, is mentioned; but the main point recorded is the detection of a mycelium-like growth within certain dilated channels or cavities, which are contained in the midst of these new formations.

Alluding to recent disclosures affecting the validity of inference from such mycelioid forms (which may, it seems, be artificially produced), the author yet holds to the significance of the appearances he describes and delineates in a series of figures —some of which, at least, he cannot but regard as indicative of the presence of a true parasitic growth. The appearances are too regular and uniform, and too characteristic, to be mistaken for the effects of reagents; and without further speculation it is concluded that there does exist an affection of man which may be termed *mycosis cutis chronica.* Such affection would include the "bouton de Biskra" and the "Delhi boil;" and its signs may, doubtless, be confidently looked for in other local, endemic skin-complaints, which have long been regarded, by men locally experienced, as altogether *sui generis.*

II. A Case of all but Universal Paralysis in a child, following exposure to heat, with complete recovery. By JAMES ANDREW, M.D., F.R.C.P., Physician to, and Joint Lecturer on Medicine at, St. Bartholomew's Hospital, and DYCE DUCKWORTH, M.D., F.R.C.P., Assistant Physician to St. Bartholomew's Hospital, and Examiner in the Practice of Physic in the University of Edinburgh. (Received March 27th, 1877.)

(*Abstract.*)

The case described was that of a fairly-nourished, slightly rickety girl, æt. 2½ years. She was brought to St. Bartholomew's Hospital, at the end of July, 1876. It was found that there was complete loss of motor power in all the limbs, and that the sphincters were involved. It was not clear whether there was total loss of sensation, but there seemed to be anæsthesia of all parts affected with motor paralysis.

The muscles of the limb were wasted and flabby, and did not respond to Faradic stimulation.

There were no cerebral symptoms, nor were any important physical signs found in the chest or abdomen, save a slight enlargement of the liver which was probably due to rickets.

The history was that the child had always been healthy till its present illness began.

At the end of June it had been exposed to great heat while travelling by railway in the United States of America. On the 1st of July, while waiting on a quay at New York, before embarking for this country, and being directly exposed to severe sunshine, the child suddenly lost power in its legs and fell, still retaining its consciousness. On the voyage it was at times delirious and very irritable.

(The daily notes of the case, together with a chart of the pulse respiration and temperature, arc appended to the communication.)

On admission to the hospital the child was treated with good nourishment, cod liver oil and steel. After a few days belladonna was given in full doses, and a Faradic current was applied to the paralysed muscles daily. A gradual improvement took place in all the symptoms, and power first began to return in the arms.

An intercurrent attack of broncho-pneumonia ensued which soon cleared off. The child also passed a lumbricus. In three weeks after admission power was regained in the sphincters, and the child began to feed herself. Faradization now elicited response from the affected muscles. Strychnia and steel were given and the belladonna withheld. Voltaism was not employed at any period of the case.

At the expiry of two months there were observed albuminaria and slight anasarca, the former lasting rather less than a month and disappearing completely.

Ophthalmoscopic examination revealed nothing abnormal.

Progressive improvement both in recovery of motor and sensory power was noted, and in three months from the date of admission and four from the first seizure the child was quite well.

The case was supposed in the first instance to be one of infantile paralysis, inasmuch as the age, previous health, absence of cerebral symptoms, and the electrical condition of the muscles seemed to warrant this view, but the facts of there being sensory paralysis and implication of the sphincters could not be reconciled with this explanation of the features of the case. The fact of subsequent perfect recovery seemed further to militate against this view.

The various forms of infantile paralysis were described, and it was shown that this case fell into none of the classes thus categorically defined.

After full consideration of all the facts brought out in the history and subsequent progress of the affection, the authors came to the conclusion that the symptoms were due to a form of heat or sun-stroke, affecting more particularly the spinal system, and falling with especial severity upon a somewhat frail and ill-matured child.

They further suggested the possibility of a concurrent muscular affection along with the more manifest spinal lesion due also to similar thermic influences.

The treatment of such a case at the outset, it was believed, should consist in cold affusion and such measures as are of proved avail in the more common forms of heat-stroke.

III. An International Calculating Scale for Ophthalmological Purposes. By W. Laidlaw Purves, M.D., Aural Surgeon to Guy's Hospital. (Received April 10th, 1877.)

The instrument was exhibited. It is an enlargement of the French scale of M. Javal, with the addition of the English, German, and metrical systems, and tables of the presbyopia and accommodation present at certain ages, according to the recent tables of M. Donders. An ophthalmoscope, with the metrical system of lenses, for determination of the refraction, was shown at the same time.

Mr. Howse showed a case of Traumatic Hydronephrosis in a boy, æt. 13, following fracture of the ilium. The case is the one that was alluded to in the discussion on Mr. Holmes' paper on "Direct Wounds of the Ureter," which was read at the previous meeting of the Society on April 10th.

May 8th, 1877.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—40 Fellows and 6 visitors.

Books were presented by Dr. Dickinson, Dr. Murchison, Dr. E. C. Séguin, Dr. Herbert Tibbits, Mr. Haynes Walton, and Dr. West, the Royal Society, the Zoological Society, Bethlem Hospital, and the Smithsonian Institution.

The following gentlemen were admitted Fellows of the Society:—William Ewart, M.B., Tilbury Fox, M.D., and Francis Warner, M.D.

The following gentlemen were proposed for election:—Arthur Edmund Leeson, M.A., M.D., Edward Cator Seaton, M.D., and Rustomjee Naserwanjee Khory, Lic. Med. Univ. of Bombay, L.R.C.P.

The following communications were read:

I. Extraction of a broken Silver Tracheotomy Tube from the left Bronchus, in which it had been impacted several weeks. By R. Clement Lucas, M.B., Assistant Surgeon to Guy's Hospital. (Communicated by John W. Hulke, F.R.S.) (Received March 31st, 1877.)

(*Abstract.*)

The patient in this case was fifty-six years of age, and the tracheotomy tube had been worn for fifteen years without being changed. The operation was originally performed for an injury to the larynx caused by throttling. The outer tube broke away from the shield on December 28th last and dropped into the trachea, but the symptoms were so slight, the patient's story was not credited; a new silver tube was introduced and he left the hospital in a week.

On January 5th he came to Guy's Hospital, stating that he had violent attacks of coughing and dyspnœa when turning on his right side. His trachea was examined under chloroform with a long probe, and the tube felt; various forceps were tried without effect, no signs of irritation followed, and the man left the hospital. He came again on January 29th, looking more sickly than before, and stating that he could neither sleep nor do work. Dr. Pye-Smith examined him, and found dulness at base of the left lung, and absence of respiratory murmur, &c. He was unable to lie on his right side; a larger tube was inserted, and the patient left the hospital breathing more freely. He was again admitted on February 16th with general bronchus and his sputum fœtid, and he consented to be operated on. Under chloroform, a metallic body was felt in the left bronchus, after an unsuccessful attempt with a soft copper wire, bent as recommended by Mr. Hulke, which, on being withdrawn, brought a large blood-clot with it, affording much relief to the patient's breathing; and after attempts with several kinds of forceps, the tube was seized by a pair of slightly curved forceps, opening laterally, and was withdrawn with great ease. A red india-rubber tube was introduced, but it partially collapsed, and being choked with mucus, and air being driven into the cellular tissue of the neck, had to be replaced in three or four hours by a metallic tube, which gave immediate relief. No rise of temperature followed, and the expectoration and emphysema of the neck gradually subsided. In ten days he was able to sit up and to walk. After the removal of the tube the patient's urine was examined, and found to be loaded with albumen. There was œdema of the ankles, and a slight general anasarca. The patient progressed well till March 9th, when he caught a cold and expectorated a quantity of greenish mucus, and he was still troubled with bronchial expectoration when he left the hospital on March 16th.

The tube, which was thickly coated with black sulphide, was found to have broken away from the shield. The case shows that in a person who has worn a tracheotomy tube for years a foreign body may become lodged in a bronchus without causing any great difficulty in breathing, or grave symptoms of irritation for a considerable period; that instruments may be freely introduced into the trachea without fear of exciting serious bronchial inflammation, and that if a wire be used it should be of soft metal, lest it become immoveably fixed.

The difficulties of the case arose principally from a want of proper instruments, the various forceps having improper curves for opening in the trachea, and the author has since had a forceps made for him by Mr. Millikin, adapted for removing foreign bodies from the trachea or bronchus, a specimen of which was shown at the meeting.

II. Twenty-five Cases of Ovariotomy, with some remarks on the causes and treatment of the Fever so frequently following the operation. By J. KNOWSLEY THORNTON, M.B., C.M., Surgeon to the Samaritan Hospital for Women and Children. (Received April 5th, 1877.)

(*Abstract.*)

Referring to the smallness of the table of cases as compared with the one lately given to the Society by Mr. Spencer Wells, the author said it was, nevertheless, impossible to deal with all the features of interest in the individual cases. For many of the cases he was indebted to Mr. Wells, and to the fact that he had assisted Mr. Wells in the greater number of the 300 cases he was indebted for much of the knowledge which had enabled him to attain fair success.

The author then drew attention to the fever so frequently following ovariotomy, defining fever as any temperature between 100° and 103° F., and, above this, high fever. He believed there was

a simple fever distinct from that caused by peritonitis or septicæmia, but liable to lead to serious lesions in important organs if not checked. Attributing this form of fever chiefly to the sudden increase in the volume of blood circulating in the body after the removal of the large circulating area contained in the tumour, he pointed to the various organs which might suffer, drawing especial attention to the brain as receiving a large blood supply.

The treatment of this form of fever must be especially directed to the control of the circulation and lowering of the temperature. The readiest means of effecting this object was by the application of dry cold to the head. Briefly sketching the history of the use of coiled tubing conveying iced water he showed how he was led to the use of the ice-water cap for the fever after ovariotomy. While giving due praise to the use of bloodletting and aconite he believed if the ice-water cap was used early and efficiently they could be dispensed with.

The author then referred to the differential diagnosis of this simple fever and the fever accompanying peritonitis or septicæmia, drawing especial attention to the tranquil expression of the patient with the former. He then referred to some of the cases in the table to illustrate the use of the ice-water cap (of which an engraving accompanied the paper), remarking that there were none of them quite typical of the condition he had described, because, having had considerable experience in the after-treatment of cases of ovariotomy, before he operated himself, he always put on the cap early, "prevention being better than cure."

In conclusion he gave a short analysis of the cases in the table, alluding especially to the large proportion of complicated cases and double operations, in spite of which the mortality was only 28 per cent.

Some of the cases were almost hopeless from the nature of the adhesions and the state of the patient, but he thought it right to give them the last chance of life.

May 22nd, 1877.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—32 Fellows and 5 visitors.

Books were presented by Dr. R. Farquharson, Dr. F. T. Roberts, Dr. Sieveking, and Dr. George Thin, the University of London, the Pathological Society, the Pharmaceutical Society, the Director-General of the Army Medical Department, and the Medical Officer of the Local Government Board.

J. Rickman Godlee, F.R.C.S., was admitted a Fellow of the Society.

The following communications were read:

I. The Clinical Conditions of the Heart and Vessels in Chlorosis. By J. Pearson Irvine, B.A., B.S., M.D. Lond., Assistant Physician to Charing Cross Hospital. (Received March 27th, 1877.)

(*Abstract.*)

Certain cardiac physical signs have been long associated with chlorosis and allied conditions, and above all a " hæmic " murmur at the base, by some said to be generated in the aorta, by others in the pulmonary artery. It is rare to find in text-books mention of any other of the cardiac signs met with in the above diseases.

The most important change in the circulatory system is dilata-

tion of the ventricles of the heart, especially, perhaps, of the left. This is hardly noticed by writers in this country. In Germany Stark ('Archiv der Heilkunde,' 1863) insisted on its occurrence in severe cases, but it is common to find it in those of moderate degree. Besides physical signs subjective symptoms favoured this opinion, such as frequent palpitation, dyspnœa, cough, and the state of the pulse, as do also the results of treatment in this direction. The physical signs are often almost conclusive. The apex-beat in chlorotics is carried too far outwards, is too diffuse and in this respect corresponds with the general cardiac impulse which is usually "slapping" and like that met with in organic disease followed by dilatation. Sometimes the impulse is distinctly heaving and hypertrophy undoubtedly occasionally occurs. Virchow and others have maintained that this is the usual condition in chlorosis, and have ascribed it to narrowing of vessels. Perhaps, however, when it occurs, it is simply secondary in most cases to anæmic dilatation.

The cardiac murmurs heard in chlorosis are various, and exclusiveness should not be claimed for one or the other. They may be heard in one or several of the following positions, all being systolic in rhythm, yet separable from one another when two or more co-exist.

(1.) Over the aorta.

(2.) Over the pulmonary artery.

(3.) Over the left auricle and its appendix.

(4.) At the left apex.

(5.) Over the fourth left costal cartilage; limited there or transmitted downwards to the right or left.

(6.) In the fifth left space, below it or over the sternum adjacent to these parts.

Thus, murmurs may be heard "all over" the cardiac area, and yet it may be possible to localise them. The effect of pressure in intensifying murmurs in the area of the pulmonary artery are almost conclusive of their generation within it. Frequency of aortic murmurs is more doubtful, but their occurrence has been asserted by many eminent physicians. At the apex a bruit will often be found if looked for, and in its case the question arises whether or not it is due to mitral regurgitation. It can be explained on better grounds than the supposition of the latter. Over the auricular appendix a murmur is certainly sometimes heard, as Naunyn says, who believes it to be due to the eddying of thin regurgitated blood in the auricular appendix. Dr. Balfour supports this theory, and by its supporters almost complete exclusiveness is claimed. Perhaps this murmur has been confounded with bruits generated in arteries about the clavicle and with those whose greatest intensity is over the fourth cartilage. Dr. Balfour asserts that this auricular murmur is heard in all cases where the venous hum in the neck is decided. This is certainly not the case. The murmur audible over the fourth cartilage or below it or in parts adjacent is of great importance. It is as common as any abnormal sound heard in chlorotics. Quite ten years ago Parrot, of Paris, described a murmur in the area mentioned as met with in acute anæmia from hæmorrhage, and associated with evidences of tricuspid regurgitation in the veins of the neck. He has since argued that all the murmurs heard in chlorosis are due to tricuspid regurgitation. But this exclusive view is altogether arbitrary. The fourth cartilage murmur is sometimes transmitted downwards to the apex or towards the ensiform cartilage.

A consideration of hæmic murmurs is likely to aid in explaining many so-called organic ones. In chlorosis the murmurs heard at the fourth cartilage and below it are perhaps due to dilatation of the ventricles, to their consequent imperfect emptying and the eddying of thin residual blood in them. Sir Dominic Corrigan long ago gave this explanation of some apex murmurs in mitral disease, and it has been renewed by later writers.

In chlorotics a murmur thus generated is possibly sometimes best heard at the apex, but oftener over the fourth cartilage or adjacent to it, because the stethoscope is then immediately applied over the source of the murmur. There are many other explanations, plausible enough, of these murmurs, such as irregular vibration of valves, irregular action of the musculi papillares, and in rare cases, actual incompetency of the mitral or tricuspid orifice secondary to ventricular dilatation.

The pulse in chlorosis is not always rapid as is everywhere advanced. It is very often, indeed, slow and suggestive of a state of hybernation, though easily excited into rapidity. It is often irregular from moment to moment, both as regards fulness and frequency, and thus such as one would expect in anæmic dilatation of the ventricles. The excitement of examination makes the pulse irregular in this way, but sometimes produces no change whatever in it.

Venous murmurs are certainly best heard in the right neck, and in most cases are audible on this side only. The effects of respiration on the "bruit du diable" are much disputed, but the statement of Hope that inspiration causes the "humming" to become "rushing" is probably correct. Inspiration favours the return of blood from the veins and thus brings this about. Curious changes in the venous hum may be made by modifying respiration.

Clinical observation of the heart in chlorosis and allied anæmic conditions is of therapeutical importance. To meet the cardiac states mentioned, belladonna seems most suitable, its use being indicated by its known physiological effects, by its action in cases of fever as asserted by Graves, and by the condition of the heart.

It makes the pulse regular in force and rhythm and increases the number of beats. Of course iron is the essential remedy; but many cases improved much more rapidly generally, while various troublesome symptoms at once disappeared when belladonna was added to the prescription, doses of from about ♏viij to ♏x being employed.

II. Contraction of the Fingers (Dupuytren's contraction) and its treatment by subcutaneous divisions of the palmar fascia and immediate extension. By William Adams, F.R.C.S., Surgeon to the Great Northern Hospital, Consulting Surgeon to the National Orthopædic Hospital. (Received April 10th, 1877.)

(*Abstract.*)

The author directed attention to one form only of finger contraction, viz. that which has been proved by Dupuytren to depend upon contraction of the palmar fascia, and not involving the tendons or sheaths of the tendons as generally supposed.

After quoting the account of Dupuytren's dissection, the author referred to another dissection by Goyrand, which confirmed the account given by Dupuytren; and also to Mr. Partridge's specimen in King's College Museum; and to a severe case of contracted fingers under his own observation, in which the hand was torn open by a horse. In all these instances the contraction was shown to depend upon the fascia alone, which passed across like the string of a bow, whilst the tendons in their sheaths were seen lying at a distance along the concavity of the curve. The greater the contraction the greater the distance between the fascia and the flexor tendons.

With regard to the cause the author considered that it depended entirely upon constitutional causes, and not upon any local cause, such as the use of tools in various occupations, &c. The author believed it to be essentially of gouty origin, though occurring generally where there is a tendency to rheumatic gout, rather than true inflammatory gout.

With regard to treatment, the author reviewed the operations by open wound, as practised by Dupuytren, Goyrand, and more recently by Professor Busch, of Bonn, whose results are reported by Dr. Madelung; after which he referred to the subcutaneous method of operating, which has not been, generally, regarded with much favour. The author condemned all the operations by open wound, on account of their severity, risk of suppuration, and tedious healing. He then fully described the details of the subcutaneous method of operating, with some improvements, and also the method of after-treatment which he had adopted of late years. These consisted—

1st. In the subcutaneous division of all the contracted bands of the palmar fascia and its digital prolongations that can be felt, by as many punctures as might be necessary, the smallest tenotomy knife being passed under the skin, and cutting from above downwards.

2nd. Immediate extension of the contracted fingers. The fingers and hand to be bandaged to a splint.

3rd. The bandage not to be removed until the fourth day, when the punctures will be found to be healed.

4th. Extension splint to be worn night and day for two or three weeks, and afterwards at night for three or four weeks, motion being employed every day. The author believed relapse of the deformity was guarded against by this method of multiple subcutaneous divisions of the fascia and immediate extension.

III. Primary Cylindrical Epithelioma of the Lung, with secondary deposits in the Pleura, Bronchial Glands, and Liver. By David W. Finlay, B.A., M.D., Physician to the Royal Hospital for Diseases of the Chest, and Medical Registrar to the Middlesex Hospital, and Robert William Parker, M.R.C.S., Assistant Surgeon to the East London Hospital for Children, and Surgical Registrar to the London Hospital. (Received April 10th, 1877.)

(*Abstract.*)

This case is interesting rather from a pathological than from a clinical point of view. Clinically the features differed little from an ordinary case of cancer of the lungs. H. P—, a ship's carpenter, æt. 37, was admitted into the Royal Hospital for Diseases of the Chest, on 8th February, 1877. His illness dated six months back, previous to which time he had always been perfectly healthy. His first symptoms were cough with shortness of breath, and pain in the left infra-axillary region which was aggravated by deep inspiration. When first seen he was observed to lie on his back or right side, and was unable, in fact, to lie on the left side. His expression was anxious; his face dusky; his lips livid; alæ nasi dilating with each inspiration; external jujular veins prominent and distended; fingers somewhat clubbed. There was absolute dulness on percussion over the lower two thirds of the left back. Over this dull area the breathing was feeble, accompanied by sonorous râles and diminished vocal vibration. In short, the physical signs were those of a limited collection of fluid within the chest, with thickened pleura. In view of this, exploratory punctures were made, but with no satisfactory result. The patient died a month after admission.

At the autopsy both lungs were found studded with a large number of nodules of a soft spongy nature of varying size. The pleura also contained a few independent nodules; some of the bronchial glands were affected; and there were three nodules of the same character in the liver. The other organs were healthy. The microscopic examination showed that this new growth consisted of epithelium, for the most part arranged in cylinders. The cylindrical arrangement of the epithelium was most marked in the lung. It was found lining spaces which corresponded in size and general appearance with the alveoli of the lung. The walls of the alveoli, beyond some inflammàtory thickening, did not seem to participate at all in the cancerous deposit. In no part of the lung did the cancer affect the parenchymatous structure. In some instances the alveoli were larger than normal, but this was obviously due to the fact that two or more alveoli had coalesced. The examination of the pleura showed a similar arrangement, but as a rule, the cylindrical arrangement of the epithelial cells was less regular and less typical. The bronchial glands presented appearances similar to those found in the pleura. The liver growths were also less typical than those in the lung. The authors regard this case as one of primary cancer of the lung from the fact that the symptoms pointed to an affection of the lungs *ab initio,* and they believe that this opinion is borne out by the microscopic examination of the new growths which showed a more perfect type of structure as well as a more typical arrangement of cell elements in the lung than elsewhere; and, further, the amount of cancer found in the lung was very much greater in point of quantity than that found in the rest of the organs put together.

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

Tuesday, October 9th, 1877.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—46 Fellows and 2 visitors.

Books were presented by Dr. H. W. Acland, Dr. Bailhache, Mr. Barwell, Dr. Robert Batty, Dr. James Henry Bennet, Dr. F. Bertier, Mr. P. H. Bird, Mr. John Birkett, Dr. Braidwood, Dr. L. D. Bulkley, Mr. R. G. Butcher, Dr. J. R. Chadwick, Dr. G. J. Engelmann, Dr. Adolph Hannover, Dr. George Harley, Mr. John Hilton, Mr. E. L. Hussey, Dr. Kelly, Mr. Macnamara, Mr. F. Mason, Sir James Paget, Dr. Sieveking, Dr. Marion Sims, Signor Tomaselli, Dr. Charles West (President), and Dr. A. Zinnis; the Registrar-General, the India Office, the Clinical Society, the Athenæum Club, Guy's Hospital, the Middlesex Hospital, St. Mary's Hospital (Manchester), Seamen's Hospital (Greenwich), Royal Bavarian Academy of Sciences, the Academy of Sciences of Munich, the International Medical

Congress, the American Medical Association, the American Gynæcological Society, the Medical Society of California, and the Surgeon-General of the United States.

The following gentlemen were proposed for election as Fellows of the Society :—Samuel Dukinfield Darbishire, M.B., M.R.C.S., George Ernest Herman, M.R.C.P., Edward Nettleship, F.R.C.S., and Samuel West, M.B., M.R.C.P.

The following communications were read:

I. Two Peculiar Varieties of Hydrocele of the Cord. By Furneaux Jordan, F.R.C.S., Surgeon to the Queen's Hospital, and Professor of Surgery at Queen's College, Birmingham; Consulting Surgeon to the Women's and the West Bromwich Hospitals. (Received May, 1877.)

(*Abstract.*)

The author commenced by enumerating the different varieties of hydroceles in the scrotum and their various combinations. He then referred to the origin of hydroceles of the cord, to which he limited his remarks. He considered them due to an imperfect obliteration of the peritoneal prolongation, which took place along the cord from the internal inguinal ring to a point a little above the testis. This obliteration begins at two points: the ring and near the testis, and if incomplete, fluid may collect in the unobliterated space, forming a spherical enlargement, which is movable from the testis. Transparency is present, but is distinguished with difficulty unless in the lithotomy position. The disease is most frequent in early life, and is called "encysted hydrocele of the cord," probably to distinguish it from the so-called "diffused" variety.

Of the two peculiar varieties now referred to, the first is a so-called encysted hydrocele of the cord, connected with the abdominal cavity by a long fine tube; the second, an encysted hydrocele of the cord, with a fine tubular prolongation upwards, which ceases near the external ring, not communicating with the abdomen.

The point of interest in the first case is the communication of the hydrocele with the abdominal cavity by means of a fine tube of unobliterated serous membrane. In the second the existence of a tubular prolongation running upward, but ending in a blind extremity outside the inguinal ring. In the first case a truss was applied. In the latter case acupuncture was resorted to, and proved successful after two or three repetitions. The globular collection of fluid with the upward neck-like prolongation suggests for it the name of "water-bottle hydrocele of the cord."

II. On a Case of Noma, in which Moving Bodies were observed in the Blood during Life. By A. Ernest Sansom, M.D., Senior Physician to the North-Eastern Hospital for Children, and Assistant-Physician to the London Hospital. (Received October, 1877.)

(*Abstract.*)

The history of the case shows that noma must be added to the list of diseases in which bacterioïd particles in active movement are present in the blood and the fluids. These moving particles have many special characters, and have been probably hitherto undescribed. It is proved also that the fluids in the disease possess the faculty of virulent infectiveness.

The author desires to express his obligation to Mr. J. Needham, late House Surgeon of the North-Eastern Hospital for

Children, for the painstaking manner in which he recorded the observations in the case.

General history.—Alice C—, æt. 4½, was admitted an in-patient of the North-Eastern Hospital for Children, under the care of Dr. Sansom and Mr. Tay, on February 12th, 1876. Her disease commenced a fortnight before admission with pain in the left cheek. She had had no other disorder. Very great prostration occurred and increased till admission, when she was found anæmic and drowsy, but not emaciated. The left cheek was indurated, and the surrounding tissues œdematous. Sloughing rapidly took place, the cheek became perforated, and the inferior maxillary bone necrosed. Copious hæmorrhage ensued on the third day after admission; on the same day broncho-pneumonia set in. The following day general œdema. The child died on the eighth day after admission.

The *post-mortem examination* revealed very extensive necrosis of the tissues surrounding the left cheek and left side of the tongue, complete sloughing of the temporal muscle, and necrosis of superior and inferior maxillæ. The bases of both lungs were in a condition of consolidation from broncho-pneumonia. The organs generally showed no morbid sign other than extreme anæmia.

Microscopical examination of the blood during life.—This was first made on the third day after the child's admission. The white elements were in excess, their protoplasm seemed unusually granular, and many existed in fragmentary condition. Examined by a high power (7 and 8 Hartnack) a large number of small highly refractile bodies were seen in active movement; these resembled minute colourless crystals, their motion was usually rectilineal, and sometimes in opposition to a current; two or three attached to a red blood-corpuscle were observed distinctly to move the latter. The movements were quite dissimilar to others, evidently Brownian, observed in the same field. Reagents acted upon them variously; whilst weak solutions of carbolic acid and of quinine caused the particles to come to rest, weak solutions of potash and of sulphuric acid appeared to stimulate the movements. The number of these motile bodies varied greatly at different times. After hæmorrhage and fall of temperature they were greatly reduced in number; again, when the temperature had risen to 103° F., they were in great abundance. When they were numerous they tended to form groups resembling zooglœa. In size they were about one twentieth part of an ordinary red blood-corpuscle.

Shortly before the fatal issue, ordinary bacteria were observed in addition to the translucent bodies. The red blood-corpuscles presented great variations in size.

Translucent bodies exactly resembling those observed in the blood were found in the urine examined immediately after it had been voided, and a large number were seen in the fæces. The discharges from the wound also manifested them in abundance intermixed with the usual organisms accompanying putrefaction.

Investigations concerning the infective characters of the blood and the secretions were commenced on the second day after the fatal issue, the fluids used for inoculation having been preserved in sealed capillary tubes. A healthy mouse inoculated with a minute quantity of blood from the right auricle died on the day following the inoculation, and on examination showed evidences of peritonitis, the exudation containing a large number of motile, translucent bodies, exactly resembling those present in the blood of the child.

A like inoculation was performed on a Guinea pig, which died five days after the operation. The signs observed were those of intense cellulitis of the abdominal wall about the site of inoculation—peritonitis; the blood, especially that obtained from the vena cava and from the right cavities of the heart, was found to contain a vast number of the special translucent bodies.

Inoculations of the fluids from the seat of the noma was practised upon a mouse. The animal died the following morning, but none of the characteristic bodies were found in the blood.

In the case of a cat, also inoculated with a minute portion of fluid obtained from the diseased part of the cheek of the child, though intense peritonitis occurred, there was a complete absence of the motile translucent bodies from the blood.

It would appear, therefore, that whilst inoculation of the fluids derived from the diseased tissue (with the decomposing matter which they necessarily contained) induced peritonitis, without discoverable alteration of the blood, inoculation of the diseased blood produced septicæmia, with the manifestation of the characteristic motile particles observed in the original disease.

October 23rd, 1877.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—32 Fellows and 3 visitors.

Books were presented by Dr. C. H. Ralfe, Mr. Spencer Wells, Mrs. Garret Anderson, and Mr. Quaritch; the India Office, the Royal College of Surgeons, and the Clinical Society.

The following communication was read:

On the Œdema (Myxœdema) observed in the so-called "Cretinoid Condition" of Women. By William Miller Ord, M.B., F.R.C.P., Physician to, and Lecturer on Medicine at, St. Thomas's Hospital. (Received October 16th, 1877.)

(*Abstract.*)

Five cases are described in which the symptom first apparent was general anasarca without albuminuria. The anasarca was, however, different from the anasarca of renal affection in that, while it was general, the parts affected did not pit on pressure, and as there was no gravitation of any fluid, remained equally swollen at all times. In all the cases there was remarkable

thickening and broadening of the features and a slow articulation; there was marked slowness of perception, slowness of thought, and slowness of action, without any actual impairment of intellect. The cases all exhibited the pink tinge of the cheeks, and the spade-like state of the hands described by Sir William Gull in his paper on a cretinoid condition supervening in adult life in women; and it is remarked that all the cases seen by the author have been in women. The skin generally was harsh and dry, as well as swollen and semi-transparent. There was in all the cases an absence of natural perspiration. There were in none of the cases any indications, either in the urine or in the organs of circulation, of the existence of renal disease. But in two cases, which ended fatally after several years of observation, renal symptoms appeared before death; that is to say, with the occurrence of fluid anasarca, the urine became albuminous, the arteries became tense and thickened, and the heart overgrown.

In one case a post-mortem examination was obtained. The kidneys were found to be of normal size, rather tough in consistence, and not notably discoloured. The cortical portion was a little wasted, but the capsule was not adherent. The arteries were everywhere greatly thickened, there was much atheroma in the larger vessels, and the heart was much hypertrophied on the left side, weighing sixteen and a half ounces. There were no other important naked-eye appearances excepting in the thyroid gland, which was reduced to a third of the natural size, and was tough and fibrous looking on section. Under the microscope a remarkable overgrowth of the fibrillar element of connective tissue was found in all parts of the body, the fibrils being separated from one another by much larger intervals than usual, and the interspace being filled by a transparent material yielding mucin, an excess of the normal cement, with excess of nuclei. Reviewing the cases, the singular train of nervous symptoms are attributed to failure of the action of the skin, and to general want of peripheric stimulation of the nerves. And this condition is traced again to the mucous œdema, by which all nerve ends were encased. It is argued that a steadily maintained stimulation of the central nervous system is a condition of the maintenance of health in the great nervous centres as in the body at large; and that in such cases as are here described there is an isolation from external influences comparable in a less degree with what is effected by shaving and varnishing a rabbit.

The symptoms observed in these cases are compared, one by one, with the symptoms described by Sir William Gull in the paper referred to, and their identity is held to be established.

They are then compared with those of cretinism, and again a remarkable agreement is demonstrated.

Reference is here made to Mr. Curling's paper on two cases of absence of the thyroid in children suffering from mental infirmity, and to Dr. Hilton Fagge's paper on sporadic cretinism in England, where again, in conjunction with cretinoid symptoms in children, the thyroid gland was absent, or could not be felt. The thyroid gland in the case examined after death having been found to be practically annihilated, owing to the encroachment of the myxœdema upon its natural structure, this case is held to afford confirmation to Dr. Fagge's argument set forth in the above paper.

In the last place it is suggested that such a condition existing early in life, before the development of the intellect and of the organs related therewith, would cause arrest of development through failure of the guiding sensations and stimulations. It is held that the natural process of development of the central nervous organs is directly dependent upon exercise of these organs, set going by impulses from the periphery; that the surroundings of the growing animal "lick it into shape," so to speak; and that the intrusion of an insulating medium will tend to arrest development in proportion to the completeness of insulation. Observation shows that many cretins are "œdematous," and that an œdematous state of the skin is often an indication in particular cases that the child so affected will become a cretin. The paper therefore suggests that more extended observation may possibly reveal some such connection in cretinism as is here asserted of the cretinoid state of adult women. The ultimate cause of the condition here called myxœdema remains unexplained.

A patient, a subject of the affection, was shown to the meeting, and the paper was illustrated by a series of microscopical preparations.

November 13*th,* 1877.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—32 Fellows and 8 visitors.

Books were presented by Dr. Althaus, Dr. Braidwood, Dr. Heywood Smith, Dr. Symes Thompson; the Royal Society, the Medical Society, and the India Office.

The following gentlemen were proposed for election as Fellows of the Society:

John Abercrombie, M.B.
William Henry Bennett, F.R.C.S.
James Matthews Duncan, M.D., LL.D. Ed., F.R.S. Ed.
Henry de Fonmartin, M.D.
George Allan Heron, M.D.
Benjamin Thompson Lowne, F.R.C.S.
Joseph Arderne Ormerod, M.B.
P. H. Pye-Smith, M.D.; and
William Tickle Whitmore, M.R.C.S.

The following communication was read:

On a Large Aneurism of the Aorta, Innominate, Subclavian, and Carotid Arteries, treated successfully by Double Distal Ligature. By Richard Barwell,

F.R.C.S., Surgeon to the Charing Cross Hospital.
(Received October 23rd, 1877.)

(*Abstract.*)

R. W.—, æt. 45, was admitted into Charing Cross Hospital, under the care of Dr. Pollock, 24th July, 1877, with a large aneurism at the right root of the neck. The man has served both in India and the Crimea, and is now a labourer in a foundry (the work requiring strenuous efforts). He has not had syphilis; the family history is remarkably healthy.

In November, 1876, he had vomiting and purging after a drinking bout, followed by rheumatoid pains in shoulders and limbs; these disappeared after a time, but not from the right arm. He first noticed a swelling on the neck during March, 1877; his right arm became weaker and was occasionally numb.

The tumour is oval, just above the right clavicle; it stretches from beneath the inner margin of the left nearly to the outer margin of the right sterno-mastoid, and upward to the lower margin of the thyroid cartilage; its projection is considerable and its strong pulsation characteristically expansile.

Dulness prevails from the inner third of the clavicle over the first intercostal space and second rib, and mingles with the cardiac dulness; over this space pulsation may be felt. The heart is displaced to the left, its apex beating fully half an inch outside the nipple line; strong epigastric pulsation would indicate some cardiac displacement downward. The veins of the right side of the neck and chest and of the arm are greatly distended. No bruit at the heart or over the tumour; there is no perceptible difference between the two radial pulses.

Dr. Pollock treated the case with rest, low diet, digitalis, and ice-bags to the tumour, but the aneurism increased. Deligation was then proposed, but the patient after consideration declined and left the hospital. However, he returned under my care on the 13th August desiring to have the operation performed.

In the mean time the cervical tumour had much increased and was more prominent; it measured horizontally between the limits of pulsation by compass 4½ inches, by tape just over 6 inches; perpendicularly it extended from the clavicle to above the middle of the thyroid cartilage, measuring by compass 3 by tape 3⅝ inches. The thoracic dulness and pulsation reached as far as the middle of the clavicle. The displacement of the heart seemed rather greater. He had a cough with very little laryngeal sound, and the breathing and circulation were much embarrassed.

14th.—The operation was performed first on the carotid. A peculiarity of a greatly enlarged superior thyroid, simulating prolongation of the sac upward, necessitating great caution until the source of the abnormal pulsation was revealed, and only just room enough being found to pass a ligature round the common carotid between the aneurism and the bifurcation. The subclavian artery was then reached, with remarkably little bleeding, and a ligature passed round it, pressure in the hollow of the needle obliterating the radial pulse. In disengaging the catgut a vein above the brachial plexus, either the posterior scapular or a smaller but distended vein, was ruptured; its deep position and the filling of the cup-like wound with blood rendered its ligation difficult and doubtful. Rather than attempt this I did not wait to verify the isolation of the artery, but knotted the catgut loosely, stuffed the wound firmly with antiseptic gauze, and let the patient be carried to bed, the radial pulse still beating. The next day I removed the gauze, and traced down the ligature, which included with the artery a nerve of the plexus; this loose ligature was left in place, and a fresh one was passed and tied. These operations, carotid and subclavian, were performed antiseptically. No immediate change in the tumour was perceptible. Low milk diet was ordered.

16th.—The breathing and circulation greatly relieved; temperature normal.

23rd.—Cervical tumour harder; transverse measurement by compass 3¼ inches, by tape 4¾ inches; thoracic pulsation barely perceptible.

25th.—A very dry diet substituted.

26th.—Slight pulsation, probably collateral, in radial.

27th.—Patient suffers much from thirst; heart action excited; pulse 102; temperature irregular; radial pulsation disappeared.

28th.—Tumour measures by compass 3¾ inches, by tape 5¼ inches.

September 3rd.—The Hospital No. 3 diet (fairly nutritious), and one pint of beer daily.

5th.—Temperature and pulse still high and irregular; tumour harder; measurement by compass 3⅛ inches, by tape 4½ inches.

8th.—By compass 2¾ inches, by tape 3½ inches.

9th.—By compass 2¼ inches, by tape 2⅞ inches.

10th.—By compass 2⅛ inches, by tape 2¼ inches.

On the 9th, some arteritis of the vessels in arm; on the same day temperature went down to 96·4°, and has since been normal. A like attack recurred on the 23rd September.

October 21st.—Since the rapid diminution in the size of the tumour commenced the man has gone on uninterruptedly well. A firm solid tumour lies behind the sterno-clavicular joint with pulsation communicated from the aorta; it feels about the size of a cob-nut. No thoracic pulsation; dulness extends about half an inch outside the manubrium sterni. The whole aneurism is consolidated.

Remarks (abbreviated).—The aneurism involved without doubt the aorta, innominate, subclavian, and carotid, and was not far from bursting. The operation relieved immediately the oppression of circulation and breathing, showing diminution of thoracic, while the cervical part of the aneurism responded more slowly. I consider the system of diet produced a very coagulating tendency in the blood. The whole of the subclavian is obliterated, as there is still no radial pulse. The practical proof of the theory that aneurism of the innominate may be treated by double distal ligature has as yet been wanting (Mr. Heath's well-known case proved to be aorta only). Six such operations have been performed. Of these two proved fatal on the sixth day, one on the fifty-fifth day, one on the sixty-fifth day. Two, receiving no benefit, lived some weeks.

This case furnishes the practical proof that not only innominate aneurism, but aneurism of that vessel and of the aorta, subclavian, and carotid, are amenable to the double distal ligature. Also we may deduce from it what Mr. Heath's case has already proved, that aneurism of the first part of the aorta may be cured by this operation.

The patient upon whom Mr. Morrant Baker had operated for the Removal of a Hairy Mole occupying half the Forehead was shown (see the succeeding meeting on November 27th).

Mr. John Wood showed a case of Epispadias which had been operated on successfully.

November 27th, 1877.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—40 Fellows and 9 visitors.

Books were presented by Mr. Brudenell Carter, Mr. T. R. Curling, the Royal Society, the Clinical Society, the Council of Medical Education, and the India Office.

The following communications were read:

I. On the Removal by Operation of a Hairy Mole, occupying half the Forehead. By W. MORRANT BAKER, F.R.C.S., Lecturer on Physiology and Assistant-Surgeon to St. Bartholomew's Hospital, and Senior Surgeon to the Evelina Hospital for Sick Children. (Received November 13th, 1877.)

(Abstract.)

The case which formed the subject of the paper was that of a child who, when ten years old, was admitted into St. Bartholomew's

Hospital, under Mr. Baker's care, on account of a congenital hairy mole which occupied half the forehead. Its greatest diameter, from side to side, was three inches and a half, and its vertical diameter two inches and three quarters. The integument composing it was deeply pigmented, being of a dark blackish-brown tint, with a very uneven surface, and in some parts almost warty. A quantity of coarse brown hairs grew from nearly every part of the surface, some of them being an inch or two in length. The mole was vascular, and always bled profusely when in any way hurt; but it was not distinctly nævoid and had only grown in proportion to the rest of the body.

The treatment was begun by cutting away, under chloroform, the surface of the mole, taking care to keep the incisions from extending to the subcutaneous tissue. The bleeding was controlled by a pad and bandage, and the surface was allowed to heal under the scab which subsequently formed, and which was but little disturbed during the progress of the case. The whole of the surface was removed by two operations of this kind, and the result obtained was, on the whole, satisfactory, especially with regard to the total absence of any unevenness or contraction of the scar. But a good many of the hairs grew up again, and there was partial reproduction of the pigment.

The treatment was continued, after an interval, by the application of nitric acid, the scab being but little disturbed, as on the occasions on which the knife was used. It was necessary to apply the acid on several occasions before the whole of the disease was eradicated, a considerable interval being sometimes allowed to elapse between the times of application of the caustic, in order to test the effect.

At the date of the patient's readmission into the hospital for the third time, in October, 1877, the disease has found to have almost completely disappeared, the only traces of its presence being here and there a spot of pigmented skin, with a few fine hairs growing from it. The scar-tissue is smooth, whitish, glazed, and supple, not in the slightest degree contracted, and not dragging at all on neighbouring parts. It is quite level with the adjacent healthy integument.

The author remarked that the result of the case related justified the conclusion that large hairy moles, and similar deformities of the skin, hitherto supposed to be beyond the reach of surgical operation, may be safely removed by simple measures, if these are carried out with sufficient care.

The patient was shown to the Society at the previous meeting, and the paper was illustrated with a drawing and photographs.

II. Cases of Branchial Fistulæ on the External Ear. By Sir James Paget, Bart., D.C.L., LL.D., F.R.S.

(Received November 13th, 1877.)

(*Abstract.*)

After briefly describing the general characters of the cervical branchial fistulæ, which have long been known as due to the incomplete closure of one or other of the upper branchial fissures, the author gives an account of similar fistulæ observed on the ears of seven members of one family. The persons in whom they were found were a gentleman, his sister, and five of his eight children; and the same gentleman, his father, his sister, and four of his children, had each one or two branchial fistulæ at the sides of the neck.

The aural fistulæ were in every instance seated on the upper and anterior part of the helix, very slender canals, with narrow orifices, extending from above downwards, and, in the adult, half an inch or rather more in length. None of them secreted or gave any distress.

After reference to the six or seven similar cases that have been published, and to some other malformations of the external ear, which are probably due, as these are, to imperfect closure of the first post-oral branchial fissure, the author points out that there are now sufficient evidences of malformation due to incomplete closure of every one of the branchial fissures; and then refers to the association between these cases and those of supernumerary ears. Such ears he believes are found only over the lines of former branchial fissures, and may be considered as

cutaneous opercular growths, homologous, though abnormally, with the natural auricles. He points out also that many of the persons born with aural branchial fistulæ have become deaf, and have been, herein, instances, however slight, of the general law indicated by Dr. Allen Thomson, that malformations of the external ear are often associated with other defects in parts formed in or near the first or mandibular arch.

December 11*th*, 1877.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—74 Fellows and 18 visitors.

Books were presented by Dr. Wilson Fox, Dr. W. T. Gairdner, Dr. Samuel Gee, Dr. Graily Hewitt, Dr. A. B. Shepherd, the Pathological Society, the Registrars of University College Hospital, the India Office, the "Société Médicale des Hôpitaux de Paris," and the Smithsonian Institution.

The following gentlemen were elected Fellows of the Society:

John Abercrombie, M.B.
William Henry Bennett, F.R.C.S.
Samuel Dukinfield Darbishire, M.B.
James Matthews Duncan, M.D.
Henry de Fonmartin, M.D.
George Ernest Herman, M.R.C.P.
George Allan Heron, M.D.
Rustomjee Naserwanjee Khory, L.M., Bombay.
Arthur Edmund Leeson, M.D.
Benjamin Thompson Lowne, F.R.C.S.

Edward Nettleship, F.R.C.S.
Joseph Arderne Ormerod, M.B.
P. H. Pye-Smith, M.D.
Edward Cator Seaton, M.D.
Samuel West, M.B.; and
William Tickle Whitmore, M.R.C.S.

Joseph Lister, F.R.C.S., was proposed for election as a Fellow of the Society.

The following communication was read:

The Pathology of Tetanus and Hydrophobia (accompanied by microscopic demonstrations and illustrated by drawings). By JOSEPH COATS, M.D., Lecturer on Pathology at the Glasgow Western Infirmary. (Communicated by W. T. GAIRDNER, M.D.) (Received December 4th, 1877).

(*Abstract.*)

The paper first describes the lesions met with. In *tetanus* the central nervous system shows hyperæmia, and certain appearances in the neighbourhood of the blood-vessels. In the cord, medulla oblongata, pons, corpora quadrigemina, and corpus striatum, but chiefly in the two first named, there is a granular material around the vessels, probably an exudation. In the medulla oblongata it is noted that a longitudinal vessel in the posterior parts is particularly affected, and that here, as well as in other parts, there are occasional hæmorrhages. In the convolutions there is an exudation of a yellow fluid, outside the smallest vessels, the medium-sized ones (which are those affected in the cord and medulla oblongata) having mostly escaped.

In *hydrophobia* there is in the central nervous system an aggregation of leucocytes around the blood-vessels. In the cord, medulla oblongata, pons, and corpora quadrigemina, it is the medium-sized vessels which are so affected, in the convolutions, it is those of small or capillary size. The salivary glands are infiltrated with leucocytes, which have special relations with the blood-vessels. The mucous glands of the larynx are similarly affected, though much less intensely. The kidneys are hyperæmic, with aggregation of white blood-corpuscles within them.

The pathology of these two diseases is then discussed, and it is pointed out that there is a great similarity in the distribution of the lesions in the central nervous system, as well as a certain analogy in the kind of lesion. The special distribution of the lesion is compared to the localisation of the tubercles in tubercular meningitis, and is ascribed to physiological and anatomical peculiarities of the circulation. Attention is also drawn to the fact that in hydrophobia the lesions are not confined to the central nervous system, while in tetanus parts are deficient in this regard, but a parenchymatous affection of the liver, kidney, &c., is asserted by one author. The special localisation of the symptoms in both diseases, in the tongue, throat, and neck, is associated with the special prevalence of the lesions in the medulla oblongata, and especially in the neighbourhood of the nuclei of the nerves in the floor of the fourth ventricle, &c., it being pointed out that the principal nutriment vessel of the medulla is specially related to these nuclei of grey matter. It is concluded that in tetanus and hydrophobia we seem to have two different poisons, each of which, circulating in the blood, attacks the central nervous system. These agents irritate the nervous system, but as they are different in nature, so the kind of irritation they produce is different. There is, however, a remarkable similarity in the localities irritated by them, and these seem to be specially the spinal cord, medulla oblongata, and corpora quadrigemina, and to a lesser degree the cerebral convolutions. The irritation seems to centre in the medulla oblongata, and in a particular region of it, this localisation being probably determined by the anatomical and physiological relations of the nutrient vessels. The high temperature met with in hydrophobia, and sometimes in tetanus is regarded as not inconsistent with these views.

Dr. John Harley exhibited again the patient, a subject of "Simple Atrophic Sclerema," described in the last volume of the 'Transactions' (vol. lx, p. 131), in order to show the downward tendency of the disease.

Mr. Jonathan Hutchinson showed a remarkable instance of Symmetrical Ivory Exostosis of the Face.

January 8th, 1878.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—34 Fellows and 1 visitor.

Books were presented by Dr. T. Barlow, Dr. Matthews Duncan, Mr. Luther Holden, Mr. C. Macnamara, Mr. Edward Milner, Mr. R. W. Parker, Dr. O. Sturges, and Mr. Erasmus Wilson; Sir G. Legrand Jacob, Mr. S. S. Mander, Prof. F. Rizzoli, and the India Office.

The following gentlemen were admitted Fellows of the Society:

James Matthews Duncan, M.D.
John Abercrombie, M.B.
Henry de Fonmartin, M.D.
Arthur E. Leeson, M.D.; and
William Tickle Whitmore, M.R.C.S.

The following gentlemen were proposed for election as Fellows:

William John Vereker Bindon, M.B.
James Crichton Browne, M.D.
Clinton T. Dent, F.R.C.S,
Walter B. Houghton, M.D.
John Hammond Morgan, M.A., F.R.C.S.
Walter Pye, M.R.C.S.
F. T. Roberts, M.D.; and
Gerald F. Yeo, M.D.

The following communications were read:

I. The Microscopic Anatomy of the Smooth Tongue (Chronic Superficial Glossitis). By HENRY TRENTHAM BUTLIN, F.R.C.S., Surgical Registrar to St. Bartholomew's Hospital, and Assistant-Surgeon to the West London Hospital. (Received November 20th, 1877.)

(*Abstract.*)

Minute anatomy, hitherto undescribed, of the smooth, glossy tongue, called by Clarke "chronic superficial glossitis."

Its characters consist of thinning of the epidermis, destruction of the papillæ and other appendages, of thickening and increased vascularity of the corium and submucous tissue, and infiltration with small cells.

Comparison was drawn between the characters of this disease and psoriasis or ichthyosis of the tongue. Apparently there is no essential difference in the microscopical characters of the two diseases.

II. Maternal Impressions. By WILLIAM SEDGWICK, M.R.C.S. (Received December 11th, 1877.)

(*Abstract.*)

In bringing forward the subject of maternal impressions, Mr.

Sedgwick said it was useful to anticipate some of the objections that might be urged against it, by premising that great care had been taken to avoid, as far as possible, any unnecessary reference to cases which possessed no practical significance, or which, from their doubtful character, would tend to increase the scepticism of those who were well qualified to judge of this alleged influence. It was an established fact in reproductive development that women, as a rule, transmitted with far more facility than men. The normal influence of the mother on the intellectual development of her offspring had been well and familiarly expressed in the term "motherwit;" whilst "fatherwit" was a term almost unknown; and in abnormal development it had been long known that women often served, and to a far greater extent than men, as conductors of an inheritance which they did not share. In like manner it was now popularly believed that it was the emotional impressions of the mother, and not those of the father, which admit of being imparted to the fœtus in the form of "mother's marks," to the exclusion of what might be called "father's marks." But this assumed limitation of emotional impressions to one sex did not always prevail, for it would be found on inquiry, that originally either parent was thought to be capable of imaginatively affecting the offspring at the period of conception, and traces of this form of the belief had been lately found among some of the tribes in Central Africa. In directing attention to the influence of pictures and other æsthetic means of appealing to the imagination, Mr. Sedgwick remarked that there was an essential difference between cases in which some modification of fœtal structure had been slowly affected through the influence of the perceptive faculties, and those cases in which emotional impressions had been supposed to act on the fœtus by causing, what has been erroneously described as a sudden arrest in its development. The occasional transmission to offspring of acquired defects of structure could not be logically objected to, since all abnormal modifications of the system must have been acquired before they could have been transmitted. It was no doubt difficult to distinguish between the alleged influence of maternal impressions and that of heredity. Complete elimination of hereditary influence, in the emotional transmission of mentally acquired defects, could only be secured in cases of which the following might be selected as the tyye. The wife of a clergyman had a child born with deformity of the hand, characterised by the absence of one finger and the complete union of the middle and third fingers, the united extremities of which were covered by one nail. At an early period of her pregnancy she had been much affected by seeing a child with exactly the same deformity of the hand, and the fact of the impression in this case had been communicated to Dr. Montgomery by a lady who had accompanied the patient when she engaged the doctor for her confinement. It was remarked that the establishment, through hereditary influence, of acquired instincts in the lower animals, as well as the occurrence of hereditary talent in our own race, was apparently due to some modification of structure; and that when, in like manner, maternal impressions had been said to react specially if not exclusively on the nervous system of the offspring, the effect might with equal probability be referred to some modification of structure produced through the medium of the blood. Many, of those, however, who believed more or less in the influence of maternal impressions would probably refuse to admit the necessity for any such dependence on structural change. Thus, Dr. Robert J. Lee had lately stated that "it would, on reflection, appear to be most natural that maternal impressions should be more frequently followed by unnatural condition of the intellect of the child, than by any abnormalities of growth;" and in a lately published article on maternal impressions in one of our leading medical journals there had been exhibited a corresponding tendency to theorise in the same direction, the effect produced on the fœtus being referred to "an induced current of nervous impression."

After referring to Sir Everard Home's Croonian Lecture on the alleged discovery of what had been thought to be the missing nerve-link, it was urged that the exaggerated importance which had been assigned to nerve-communication as the only probable way by which the supposed influence of maternal impressions could be conveyed to the fœtus, had no doubt had a tendency, in former years, to retard and obscure the inquiry; and the opinion was expressed that the limitation of the influence of a maternal impression to a corresponding organ or tissue in the fœtus, as a consequence of some slight and inappreciable alteration in the blood of the mother being imparted to the local nutrition of her offspring, might physiologically be regarded as more probable than limitation effected by nerve-influence. There was no reliable evidence that a congenital defect had ever been the direct and immediate result of arrested development, whilst the popular belief that a maternal impression could be conveyed to the fœtus and affect it like an electric shock should be simply dismissed as a popular fallacy. The influence of the impression, at an early period of pregnancy, could only be conveyed to the part through the medium of the blood or nutrient fluid; and it was consequently improbable that the first stage in the production of abnormal development should be a local arrest of fœtal nutrition. After citing evidence to show that the arrest in cases of defective development had been preceded by increased determination of some kind to the part, Mr. Sedgwick directed attention to the comparative physiology of reproduction in the lower animals, and showed that when the tendency to an artificially developed excess of structure had, through hereditary influence, been pushed too far, it was apt to be followed by deficiency and arrest, as in the case of some top-knotted varieties of birds. Abnormal increase of structure, without any subsequent arrest, occurred in cases of supernumerary fingers and toes, which had been sometimes referred to the influence of maternal impressions; and there was local increase of the vascular tissue in nævi, and of the hair if not always of the skin in those pseudo-mimetic moles, which had been said to resemble the rats, mice, and other animals with hairy skins, which had frightened women during some period of their pregnancy. It might be expected that a maternal impression sufficient to produce a physical peculiarity or defect in the fœtus through the medium of the blood would reappear, at least in a modified form, in some of the succeeding offspring, but there was very little evidence of any kind in favour of such an occurrence; and, generally, when there had been a reappearance of the defect, there had been an alleged recurrence of the maternal impression. In alluding to the many curious and some mystical delusions connected with this popular belief, Mr. Sedgwick called attention to the supposed transfer of maternal impressions to a selected part of the body, to the changes which were said to occur periodically in the nævi ascribed to maternal impressions, and to some of the scientific and other objections to the belief. In conclusion, he directed attention to the evidence in favour of the influence of maternal impressions derived from observations on the lower animals; and with reference to the episode of Jacob's rods, they were apparently employed not to originate, but simply to aid in the increased production of specially marked offspring. There had been many illustrations of the effect produced by variously coloured objects on the breeding of sheep and other animals since patriarchal times. Dr. Alexander Harvey had collected and published some satisfactory evidence on the subject, as had also other observers; and a good illustration of this alleged influence on the breeding of sheep had been lately communicated by a much respected clergyman in the west of England. In reviewing the evidence which had been adduced in favour of a belief in the influence of maternal impressions, Mr. Sedgwick admitted that it did not appear to be at present either sufficiently relevant or trustworthy, as regarded its limitation or its extent, for a final decision to be pronounced. There was indirect evidence that the influence of the mind over the body might, in the case of pregnant women, be so far extended as sometimes to affect the fœtus; and there was nothing which could be regarded as physiologically inconsistent with the belief in its uncorrupted form. But the direct evidence in its favour was limited to a comparatively small number of cases, in which the maternal impression, received at definite periods of pregnancy, had been fairly well authenticated before the birth of the offspring. Some of these cases had been clearly independent of hereditary influence, and none of them could be accounted for by any theory of coincidence. As the only recognised medium of communication in such cases was the blood, it was probable that the influence of the impression was always gradual and never sudden in its operation, and that the prevailing fallacy respecting the supposed suddenness of the effect produced had resulted from the original form of the belief having been corrupted in after years.

A Case of Favus of the Scalp was exhibited to the meeting by Mr. George Gaskoin.

The boy, Maximilian Solberg, shown as the subject of favus, was affected by scarlatina at three years of age, immediately after which the favus appeared. The complaint has lasted six years, and he is now nine years old.

It proved intractable to treatment in the city of his birth, notwithstanding the attention that was given to it by his uncle, who practises medicine in Warsaw. The patient has now lived four years in London and it has not spread by contagion either outside the family or to his brothers and sisters. It is now merely washed with oil and methylated spirit. The boy is weazen and unhealthy looking, and presents glandular enlargements. The favus is typical and extensive, and most of the hair is destroyed. There is a characteristic display of the favus cup.

It is conjectured that this disease is becoming of the utmost rarity in London, so much so as to be almost extinct, London presenting, in this respect, a favourable contrast to other cities.

January 22nd, 1878.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—24 Fellows.

Books were presented by Dr. Bastian, Dr. Peacock, Dr. Wilks, the Director General of the Navy, the Staff of St. Bartholomew's Hospital, the Canada Medical Association, and the Medical Society of the County of Kings (New York).

The following gentlemen were admitted Fellows of the Society:

George E. Herman, M.R.C.P.
George A. Heron, M.D.
Benjamin T. Lowne, F.R.C.S.
Edward Nettleship, F.R.C.S.; and
P. H. Pye-Smith., M.D.

The following Fellows were nominated by the President as a Committee of Audit, to examine the Treasurer's accounts for the year 1877:

For the Council.	*For the Society.*
John Cooper Forster, *V.P.*	H. B. Dobell, M.D.
John Harley, M.D., *Hon. Sec.*	Reg. E. Thompson, M.D.
Lionel S. Beale, M.B., F.R.S.	W. Morrant Baker.
Richard Barwell.	Thomas W. Nunn.
Erasmus Wilson, F.R.S.	W. E. Stewart.

The following communications were read:

I. Case of Rodent Ulcer. By Charles Higgens, F.R.C.S., Ophthalmic Assistant-Surgeon to Guy's Hospital, and Lecturer on Ophthalmology at Guy's Hospital Medical School. (Received December 11th, 1877.)

(*Abstract.*)

The patient was a married woman, æt. 45. Her health had always been good. The rodent commenced thirteen years before admission to Guy's Hospital, at the remarkably early age of thirty-two, as a pimple on the left side of the nose, which, however, showed but little tendency to ulcerate until five years after its first appearance.

During the progress of ulceration a second pimple of apparently the same nature as the first made its appearance in the angle between the right side of nose and cheek; it did not, however ulcerate.

The eyeball, which was quite healthy, was excised, and the ulcerated surface destroyed with a paste of chloride of zinc and starch applied on strips of lint. After separation of sloughs some cicatrisation took place.

The disease soon commenced again, and eighteen months later the surface of the ulcer and adjoining infiltrated tissues were destroyed with the galvanic cautery and chloride of zinc paste applied. The second pimple, which was enlarging, was also burnt out.

After separation of sloughs cicatrisation again took place to a great extent, but four months later the disease was again spreading rather rapidly. The whole of the thickened margin and base of the ulcer, together with a large amount of adjoining healthy structures, including skin, mucous membrane, muscles, and bone, were cut away with a scalpel, the bleeding stopped with a "thermo-cautery," and chloride of zinc paste applied all over the cavity left.

The wound finally healed entirely, but subsequently some recurrence of the ulceration took place, and the diseased tissues were again removed with knife, cautery, and caustic. Cicatrisation again took place, and, with the exception of a small part of its outer margin, the wound has since remained firmly healed.

A Case of Rodent Ulcer was also shown by Mr. George Gaskoin, Surgeon to the British Hospital for Diseases of the Skin, of which the following is a description:

The patient has a large oval sore on the vertex. He is a man of strong build, his age 52. This sore began in a small red pimple. It has lasted more than two years. It stretches from behind forwards in the long diameter of the head, its length being nearly four inches, its breadth nearly amonnting to three. It is not quite in the median line, but lying rather more on the left side, it inclines forward to the right. It is thus in direction rather transverse.

This sore has generally the character of rodent ulcer. There is no change of colour or texture apparent in the surrounding skin, and the neighbouring glands are not affected. The edges of the sore maintain an equal elevation and a pretty even contour; they are hard and appear raised, chiefly through excavation of the outer part of the sore, where a furrow is plainly discernible. The surface of the sore is uneven, its discharge of purulent sanies is copious; and, especially in the night time, there is a bleeding from the surface. There is a moderate amount of pain at times, principally round the edge of the sore. The neighbouring skin seems deficient in tactile sensibility.

There is no attempt at healing or formation of cicatrix anywhere. The man is a porter by trade. He has never been a very strong man. He is unmarried. In appearance he is waxy and pale, but his complexion is tolerably clear. His employment has been that of a porter. Inquiry into the history of his family brought no information.

The situation is uncommon, but is mentioned by Collis in his work on cancer and tumours.

II. On the Proportion of Red Corpuscles in the Blood in some Skin Diseases. By GEORGE THIN, M.D. (Received November 24th, 1877.)

(*Abstract.*)

The investigations recorded in this paper were made by the method introduced by M. Malassez, of Paris, which consists in diluting the blood to a known degree by artificial serum, and in counting the number of corpuscles contained in a given quantity of the diluted blood. The latter part of the operation was done by counting the corpuscles seen in a measured length of a capillary tube of known capacity. Absolute accuracy is not obtainable by this method, but comparative results show that the range of error is not so wide as to invalidate for general purposes the data which it affords.

M. Malassez has found that in Paris the number of red corpuscles in a millimeter cube of blood varies in healthy men between four and five millions; in females the number is less. The number varies in the same person within certain limits, being affected by place of residence, exercise, and quantity of fluids drunk.

The same observer found that the number diminishes greatly in wasting diseases. In cancer he counted in a man as low a number as two millions and a half, and in a woman one million and a half. In phthisis his lowest numbers were in a male two millions and a half, and in a female slightly under one million.

In selecting persons suffering from skin disease for examination, only those were chosen in whom there was no reason to believe that the condition of the blood was affected by medicinal treatment, or the existence of other maladies. The selection was made from cases kindly given by Mr. Morrant Baker, Dr. Tilbury Fox, and Dr. Payne, and from patients under the author's care, and in every instance the symptoms pointed to a genuine idiopathic outbreak of disease.

In order to provide data for comparison, the number found in healthy persons and in some cases of severe organic disease is first given, the latter being placed at the authors disposal through the courtesy of Dr. Caley, Physician to the Middlesex Hospital.

Healthy Males.

There was found in a—

		Per mm. cube.
Butcher	aged 22	4,760,000
Greengrocer	„ 28	4,700,000
Baker	„ 22	4,600,000
Medical practitioner	„ 26	4,400,000

Healthy Females.

Domestic servant	aged 29	3,880,000
„ „	„ 31	4,690,000

		Per mm. cube.
Domestic servant	aged 24	4,260,000
„ „	„ 19	4,020,000
Girl	„ 13	3,940,000
Married woman	„ 25	4,210,000

Diseased Persons.

In a man suffering from stricture of the œsophagus, and unable to swallow solid food	aged 58	3,500,000
A young woman with extremely anæmic appearance		3,110,000
A man in very advanced stage of phthisis	aged 29	2,160,000

The following numbers were found in cases of skin disease:

Psoriasis.

Man	aged 25	5,250,000
„	„ 25	4,820,000
Woman	„ 27	4,330,000
„	„ 18	4,448,000

Eczema.

Man	aged 60	3,750,000
„	„ 19	4,200,000
Girl	„ 12	4,420,000
Woman	„ 26	4,350,000
„	„ 20	3,880,000
„	„ 25	5,050,000

Pemphigus (Chronic).

Man	aged 30-40	3,580,000

Acne Sebacea.

Woman	aged 16	4,050,000

Prurigo (Hebra).

Boy	aged 13	3,420,000
(Counted in the same case after the interval of a month)		3,550,000

Acne Rosacea (*second stage*).

		Per mm. cube.
Man	aged 47	4,140,000

The following numbers were found in the case of a boy, aged 17, a patient of Dr. Tilbury Fox, suffering from anæsthetic leprosy. He was born in Bombay of European parents. The disease was not in an advanced stage:

	Per mm. cube.
On February 29th, 1877	4,320,000
March 26th, 1877	4,470,000
May 26th, 1877	4,830,000

It is seen from these figures that an outbreak of psoriasis is compatible with a high proportion of blood-corpuscles. In eczema the number is about normal. The case of the man, aged 60, was a severe one, and had lasted many months, and the hygienic conditions were bad.

In the man, aged 19, the disease had invaded in a scaly infiltrated form nearly the whole surface of the body, and had lasted for a number of years, being one of great severity. That in such a case the number should have exceeded four millions—the enumeration having been repeated several times with great care—shows that a diminution in the number of red corpuscles is not a necessary condition of eczema.

During the time that the leper was under the author's observation he was taking, by Dr. Fox's prescription, iron and mineral acids. There was no improvement in the disease during that period. On one occasion the proportion of white corpuscles to red was estimated, and was found as high as one white to fifty red.

The only cases in which the number of red corpuscles was deficient were the case of prurigo and that of chronic pemphigus. In the case of prurigo the effect of broken sleep on the general health since the first year of life is to be taken into account.

III. A Second Communication on Simple Atrophic Sclerema. By John Harley, M.D., Senior Assistant-Physician to, and Lecturer on General Anatomy and Physiology at, St. Thomas's Hospital. (Received December 11th, 1877.)

(Abstract.)

The author describes the condition of a patient, a well-developed woman (Louisa M—), twenty years of age, in whom the hands are affected with sclerema causing such impediment to the circulation that the members are cold and frequently dusky. The movements of the wrists, and to a slight extent those of the elbows and hips, are diminished, and stiff and painful. The adipose tissue has completely disappeared from the neck and upper part of the chest, which from the level of the thyroid bone to the lower edge of the first rib is marked by *lineæ atrophicæ*, alternating with lines of healthy skin, but in which there is an increase of pigment. The development of the lineæ atrophicæ may here be studied by the aid of a pocket lens. The affected area is pervaded by a coarse network of hair-like vessels which form a scanty network with oblong meshes. The larger vessels lie in or by the borders of the lines of healthy skin, the finer branches lose themselves by sudden attenuation in the lineæ atrophicæ which already possess a pearly whiteness.

Such a network of blood-vessels is not seen in the healthy skin, and its presence in the morbid areas is due, the author maintained, to regular interruptions of the circulation, by the shrinking of the lacunæ-canalicular system and blood-vessels of the affected lines or areolæ, resulting in the formation of non-vascular tendinous tissue in place of soft vascular skin. In the second stage of the process, these vessels disappear. The temporary congestion of these vessels on their way to extinction leads to no other change, beyond perhaps, the deposition of pigment (as may result from the application of a sinapism in some persons); and the part is neither the seat of irritation nor of hypertrophy but the reverse, there being a diminution of temperature and of tactile sensibility throughout the process.

Already there are indications of functional disturbance of the alimentary canal. Standing alone this case would appear to have no definite signification, but side by side with that of a patient whose history has been recorded by the author in the last volume of 'Transactions' (vol. LX), it becomes extremely interesting, since there is an exact resemblance in the two cases in every particular, and they differ only in sex, age, and in the duration of the disease. In the case brought forward now the disease is in its earliest stage; in the previous one it has existed for six years, and has nearly brought the patient to the term of his existence.

Both the patients were in attendance.

February 12th, 1878.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—50 Fellows and 2 visitors.

Books were presented by Dr. H. J. Bowditch, Dr. Dobell, Dr. E. Lancereaux, Dr. O. Larcher, Mr. McFerran, Professor Costanzo Mazzoni (of Rome), the Director-General of the Army Medical Department, and the International Medical Congress of Philadelphia.

Edward C. Seaton, M.D., was admitted a Fellow of the Society.

The following gentlemen were elected Fellows:

William John Vereker Bindon, M.B., F.R.C.S.
James Crichton Browne, M.D.
Clinton Thomas Dent, F.R.C.S.
Walter B. Houghton, M.D.

Joseph Lister, F.R.C.S.
John Hammond Morgan, F.R.C.S.
Walter Pye, M.R.C.S.
Frederick Thomas Roberts, M.D.
Gerald F. Yeo, M.D., M.Ch.

The following gentlemen were proposed for election:—Frederick Richard Fisher, F.R.C.S., Donald Wm. Charles Hood, M.B., M.R.C.S., and Thomas Sympson, F.R.C.S.

The following communication was read:

An Analysis of Seventy-five Cases of "Writer's Cramp" and Impaired Writing Power. By GEORGE VIVIAN POORE, M.D., F.R.C.P., Assistant Physician to University College Hospital, Physician to the Royal Infirmary for Children and Women. (Received December 11th, 1877.)

(*Abstract.*)

In seventy-four of these cases the conditions of the hand completely overshadowed any other disease, whether general or local, from which the patients were at the time suffering. Most of the cases merited the name of "writer's cramp," or had been so called, but the author has purposely included a few cases which obviously do not merit that name, because the study of them throws some light on the main question.

The cases fall naturally into six groups, thus:—1. Paralytic (6 cases). 2. Spasmodic (5 cases). 3. Degenerative (9 cases). 4. Neuralgic or neuritic (19 cases). 5. Writer's cramp (32 cases). 6. Anomalous (4 cases). The cases are arranged in a tabulated form.

It is shown that since the ulnar nerve supplies 13½ out of the

18 intrinsic muscles of the hand, its integrity is very necessary (more necessary than that of any other nerve of the hand) for all delicate manipulation, especially writing.

The spasms which affect the hand, and which are particularly prone to follow attacks of hemiplegia, owe sometimes, there is good reason to believe, their character, if not their origin, to a faulty antagonisation (due to a secondary paralysis or paresis) among the muscles of the paralysed limb. Although it is commonly received that such spasms are due to disturbance of the grey cerebral matter, it is well to look also to the peripheral aspects of the question. Provided a nervous impulse issuing from the brain be distributed in a limb to equally irritable muscles which mutually antagonise each other, it is difficult to conceive that spasm of definite form should be produced; but should the equilibrium of antagonisation in the limb be destroyed by a secondary lesion, the production of definite spasm is easily conceivable, especially when voluntary control is lessened by a lesion of the central ganglia. In some cases of localised spasm there is no evidence of central change, and it is theoretically possible that the action of a disordered centre on a healthy periphera and the reaction of a disordered periphera on a healthy centre may be identical in their results. It is shown that loss of writing power is often the first and most prominent symptom of degenerative change occurring in the spinal cord or brain.

The neuritic or neuralgic group is characterised by a painful and tender condition of the nerves of the limb, which may be induced solely by overwork, but more frequently by a strain or similar injury combined with exposure to cold and a depressed state of health. Of the nineteen cases in this group twelve were females. Any attempt to use the arm either for coarse or fine acts produced fatigue, pain, and neuralgia. It is not always easy to distinguish these cases from true "writer's cramp," and, indeed, there cannot be said to be any hard and fast line between the two groups, but it is characteristic of the neuralgic group that—1. The symptoms involve a wider area. 2. The symptoms are sometimes induced without excessive exercise of any function. 3. Nerve tenderness or neuralgia is a prominent symptom.

In the group of true "writer's cramp" considerable care is necessary to detect peripheral evidence of mischief, but the author states that in every case of impaired writing power which he has seen *there has been evidence more or less marked of derangement of one or more of the muscles used for writing.* This evidence consisted of—1. Obvious failure to use certain muscles efficiently either for writing or for some other less complicated act. 2. The occurrence of consentaneous movements or tremor when certain muscles were put in action. 3. Depressed or excited electric irritability; and 4. The occurrence of sensory derangement or nerve tenderness. The muscles which are most frequently involved are those of pen-prehension rather than those of pen-movement.

Reviewing the cases as a whole, attention is directed—1. To the inferences which may be drawn from an inspection of the handwriting. 2. To the fact that joints were found to be implicated no less than twenty-one times, the joint-affection being rheumatic, neuropathic, gouty or due to strained position. 3. To the fact that a difficulty in writing is not very infrequently hereditary, or developed very early in life; and that 4. Any evidence of involvement of the nerve-centres is decidedly rare. "Writer's cramp" has been spoken of as a disease of faulty co-ordination, and there can be no doubt that such is the case, for it is evident that the muscles used for writing fail to work orderly together. We are not, however, justified in assuming the existence of a spinal co-ordinating centre for the controlling of the act of writing, and the author has been unable to find evidence that this centre (supposing it to exist) ever gives way, leaving the periphera, except for the special co-ordinated act, in a state of perfect health. The existence of such a centre appears to the author to be improbable for the following reasons:

1. Because he has never seen a case of writer's cramp without peripheral evidence of change, and in the majority of cases there has been no evidence of any change other than peripheral.

2. Because, if there be a co-ordinating centre for writing, it must be created, as it were, by education. The co-ordination of writing, which we are many years in acquiring, must be distinguished from those co-ordinated movements (such as the sym-

metrical movement of the two eyes) which are wholly independent of education. The fact that no two people hold their pens exactly alike, and that it is scarcely more difficult to write with the toes than with the fingers, is much against the probability of the existence of a writing centre.

3. Because writer's cramp is never suddenly established, as aphasia sometimes is.

4. Because it is almost certain that a purely peripheral lesion may cause all the symptoms of writer's cramp.

5. The fact that the left hand (if used for writing) sometimes suffers as well as the right is no evidence that the change is central.

In previous writings the author has spoken of " writer's cramp" as a fatigue disease, and he is still inclined to adhere to the word fatigue as a convenient expression for an easily recognisable and familiar condition, of the pathology of which we are uncertain. He is inclined to think that occasionally fatigue is the expression of hyperæmia or mild inflammation of a motor nerve, and that the same condition may be produced either by overwork or by accidental causes, such as cold, strain, " rheumatism " or injury.

Fatigue especially attacks those muscles which are subjected to prolonged strain, and it is probable that the relative frequency of " writer's cramp " as compared with other professional ailments is due to the fact that prolonged strain of certain muscles (those which hold and steady the pen) is inseparable from the act of writing.

Finally, as to the position of " writer's cramp " in the catalogue of diseases, the author would feel inclined to class it with *neuralgia,* that is, with a disease the phenomena of which are purely local, but which we recognise as being due, not only to conditions affecting the sensory area involved, but also to molecular change affecting any part of the sensory fibre, whether before or after its junction with the nerve centre.

The author concludes by laying down certain principles of treatment for the various forms of impaired writing power.

February 26th, 1878.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—43 Fellows and 7 visitors.

Books were presented by Dr. Robertson, the Obstetrical Society, the Pharmaceutical Society, and the Academy of Sciences of Amsterdam.

The following gentlemen were admitted Fellows of the Society:—Dr. Vereker Bindon, Mr. S. D. Darbishire, Dr. Houghton, and Mr. Walter Pye.

The following communications were read:

I. On a Case of Amnesia, with Post-mortem Examination.

By William Henry Broadbent, M.D., Physician to, and Joint Lecturer on Medicine at, St. Mary's Hospital; Physician to the London Fever Hospital.

(Received December 20th, 1877.)

(*Abstract.*)

The communication begins by recalling some of the hypothetical conclusions of a previous communication on the "Mechanism of Speech and Thought," in vol. lv of the 'Transactions' of the Society.

Dr. Bastian's hypothesis of a special "perceptive centre" in relation with each sense was adopted and extended. It was considered that these "perceptive centres" would be situated in

convolutions which received radiating fibres, and Ferrier's researches have since located the centres for vision, hearing, smell, taste, and touch in some of the convolutions into which these fibres had been traced, more particularly fibres from the extraventricular portion of the thalamus.

It was further considered probable that the formation of a complete idea of external objects would be represented structurally by the convergence of arcuate commissural fibres from each perceptive centre to some part of the cortex not in direct relation with the crus or basal ganglia. A part of this intellectual process would be the association with the idea of a name.

On this hypothesis it would be possible for a breach to be made in the channel of communication between one of the perceptive centres and the "idea centre" or "naming centre," and a case was related in which the effects producible hypothetically by a lesion between the visual perceptive centre and the naming centre had actually been observed. A patient otherwise quite intelligent could not name the simplest object at sight or read a word of his own writing. A post-mortem examination was made.

It was pointed out that a lesion cutting off the "naming centre" from the "auditory perceptive centre," or involving the former centre itself, would produce far more complicated symptoms, since the subject would, *ex hypothesi*, not only fail to understand spoken words, but he would not know what he himself was saying. Cases were briefly given exemplifying this condition, but no examination had been obtained after death.

In the case which forms the subject of the communication, and which is believed to afford another illustration, the brain was examined after death.

An omnibus driver, of intemperate habits, had a fit, of which no accurate account could be obtained, about October 1st, 1877. He had from that time been in the condition in which he was found on admission into St. Mary's Hospital on the 16th. He walked into the hospital and no paralysis could be detected, except very slight paresis of the right side of the face. Sensibility, however, was defective over the entire right half of the body, limbs, and face.

The striking feature of the case was that the speech consisted almost exclusively of an inarticulate jargon, in which, however, from time to time, a distinct word or phrase would be heard, such as "If you please," "Thank you, thank you." It was difficult to make out how far he understood what was said to him, as his replies, though mere jabber, were often appropriate so far as length was concerned, natural in tone and accent, and accompanied by natural gestures and facial expression. He would also address long speeches to those around him, evidently making some urgent request, and he frequently ended by crying. It was obvious that he thought he was giving expression to ideas present in his own mind, but he did not recognise the fact that his language was inarticulate.

It was by telling him to do something that his want of comprehension of spoken words was made apparent. His invariable response to the command to give his hand was to put out the tongue, and in one or two doubtful instances only was his action appropriate, and then he was probably directed by signs. He did not understand writing.

The patient died suddenly on November 6th, and on post-mortem examination softening was found involving a considerable part of the posterior half of the convex surface of the left hemisphere. The greatest depth (three quarters of an inch) and breadth of the morbid change was seen in a transverse vertical section made at the end of the fissure of Sylvius. Here the softening reached from near the superior longitudinal margin to within an inch of the inferior and internal edge of the hemisphere. The convolutions affected were, proceeding from before backwards, the supra-marginal lobule and corresponding part of infra-marginal or first temporo-sphenoidal gyrus; more deeply and in a more advanced degree the postero-parietal lobule, the angular gyrus, and the first and second temporo-sphenoidal convolutions in the same plane; less extensively the middle connecting gyrus and the part of the occipital lobe adjacent. The softening involved the temporo-sphenoidal lobe more completely than the parietal convolutions.

Arteries of brain fairly healthy. Vertex opaque, and raised by fluid from convolutions. No other morbid change observed.

It was considered that the loss of comprehension of words, whether spoken by others or himself, and the confusion of mind consequent upon his inability to understand, would account for the condition of the patient, and the interpretation was that this was due to destruction of the channel from the auditory perceptive centre to the higher centre in which the name is associated with the idea which it symbolises, or to destruction of this name centre itself.

Whether the interpretation offered is exact or not, the case is interesting as an example of the association of a certain loss of intellectual faculties with a lesion of definite extent and seat. It is worthy of attention that the left hemisphere is the one affected, and it would appear from this and similar cases that the exclusive employment of this hemisphere as the "way out" for language involved its use as the "way in." A comparison of the effects of lesions of identical parts of the two hemispheres would be fruitful of results.

II. A Case of Ankylosis of both Knee-Joints, with shortening to the extent of two inches of the Femora from Oblique and Comminuted Fractures. By BERNARD E. BRODHURST, F.R.C.S. (Received January 8th, 1878.)

(*Abstract.*)

The communication describes a case in which there was fracture of both thigh-bones, together with injury to both knee-joints. Shortening to the extent of two inches took place in each thigh-bone, and ankylosis followed the injuries to the knee-joints.

The mode of restoring motion is related, and it is stated that motion was ultimately as perfect as before the accident; and further, it is stated that, notwithstanding the shortening of the femora, the patient was not less active, whether on foot or on horseback, than before his accident.

Dr. W. H. DICKINSON exhibited a series of specimens, arranged under twenty-four microscopes, illustrating the pathology of diabetes with especial reference to the state of the nervous centres. The specimens placed first in order showed minute hæmorrhage into the brain and the intrusion of blood-corpuscles into its substance. The next displayed various forms of perivascular change, erosion and degeneration of brain-tissue. One preparation showed in a striking manner a large circle of what appeared to be the mere connective skeleton of brain-substance. Other preparations showed alterations in the cord, conspicuous by dilatations of the central canal; and the series concluded with three instances or examples showing changes in the liver and lung—fulness of the larger vessels of the liver and a remarkable dilatation of the capillaries, and the state of circumscribed excavating pneumonia described as diabetic phthisis.

Many of the preparations had engravings placed by their sides, which had been taken from them.

ANNUAL MEETING.

Friday, March 1st, 1878, 8 *p.m.*

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—37 Fellows and 5 visitors.

The President, Dr. Charles West, took the Chair at 8 p.m., and the ballot for the election of Officers and Council for 1878-79 was immediately opened, Dr. Crockett Fish and Mr. Edward Newton being nominated by the President as Scrutineers:

ABSTRACT OF THE INCOME AND EXPENDITURE OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY, cont.

The abstract of the Income and Expenditure of the Society for the year 1877 (see p. 285*), which had been previously distributed among the Fellows, was taken as read, and the Hon. Secretary, Mr. John Whitaker Hulke, commenced the reading of the Report of the President and Council, as follows:

The President and Council have great satisfaction in being able to lay before the Fellows an Annual Statement which again shows the continued prosperity of the Society.

The number of deaths among the Fellows has been twelve, which is three below the average (15) of the last five and twenty years. They consist of two Hon. Fellows (Dr. Wm. Stokes and Mons. Claude Bernard), and of five resident and five non-resident Fellows.

The number of new Fellows elected during the year has been twenty-seven, which is seven above the average of the last twenty-five years. Of these, twenty-four are resident and three are non-resident.

Composition fees have been paid by five Fellows, but of these two only have paid the final composition of five guineas, which number is considerably less (owing to deaths and other causes) than that which had been estimated a few years ago as the probable number for the year, viz. eight.

Seven resident Fellows have become non-resident, and five non-residents have become resident. There has been one resignation.

The number of subscriptions has taken a favourable turn upwards (from 258 to 265); a change from the continued decline which has successively occurred during several past years; and the total number of Fellows, honorary, resident, and non-resident, has increased during the year from 651 to 665.

The above details can be traced in the following tabular statement, which is inserted here in continuance of a series in the same form.

TABLE OF FELLOWS.	Honorary.		Resident.			Non-resident.		Totals.
	English.	Foreign.	Composition for Subscriptions.	Paid Subscriptions for 1877-8.	To pay for 1877-8.	·	Compounded for 'Trans.'	
December 31st, 1876 . . .	11	17	73	258	...	209	64	651
Elected Dec. 1875 to April, 1876, but not subscribing for Session 1876-7 . . .	...	...	...	+18				
Ditto, Dec. 1876, not subscribing for 1877-8 . . .	...	...	...	...	+3			
Deceased during 1876 . . .	...	...	...	—3				
Deceased during 1877 (in Report, March, 1878) . .	—1	—1	—5	...	...	—5	...	—12
Paid composition fees, 1877 .	...	...	+5	—5				
Resident became non-resident	...	...	...	—7	...	+6	+1	
Non-resident became resident	...	...	...	+5	...	—5		
Resigned from March, 1877 .	...	...	...	—1	...	...	...	—1
Erased for non-payment . .	...	...	...	...	...	...	..	...
Elected 1877 (Feb. and April)	...	...	...	...	+9	...	+2	+11
Ditto, 1877 (Dec.)	...	...	...	...	+15	...	+1	+16
Totals, Dec. 31st, 1877 . .	10	16	73	265	+27	206	68	665
			365			274		

The total receipts this year, from an increase in the subscriptions and admission fees, exceed those of the previous year by about £100; but as the year commenced with a deficiency of £28, instead of, as at the previous anniversary, with a balance in hand which amounted to about £120, the total available income was slightly less than that of 1876.

The total expenditure of the year has been about £30 less than that of 1876; last year's deficit has been paid off, and the sum of £57 15s. for composition fees, invested in the funds, a balance remaining in hand of £33 19s. 3d.

The details of the expenditure vary but slightly in amount from those of the previous balance sheet; the exceptions being the "Library," which has cost £50 more, and the "Transactions," the outlay on which has been £70 less.

At the foundation of the Marshall Hall Memorial Fund in the year 1872, the Council laid before the Society in their report the regulations as to its administration and management, which they recommended for the approval of the Society, and these were subsequently adopted at the annual meeting.

The second and fifth of these regulations were—"That a prize should be given for the best original work done during the previous five years, and recorded in the English language, in anatomical, physiological, or pathological research relative to the nervous system," and "That the prize on its first award should consist of five years' simple interest on the capital fund originally invested." The first five years expired in July last, and the original fund collected, viz. £517 13s. (which purchased in the 3 per cent. reduced annuities the sum of £566 10s. 3d.), has produced the sum of £83 11s. 8d., the simple interest as mentioned above, which will be the amount of the prize to be awarded. The third regulation states "That the prize shall be awarded by the Royal Medical and Chirurgical Society on the recommendation of the Council, and that the recipient shall be styled 'Marshall-Hall Prizeman,' and that he shall receive with the prize a certificate or document recording his name and the reason of the award."

The Council, in accordance with the above and after due consideration, recommend to the Society that the Marshall-Hall Prize be awarded to Dr. John Hughlings Jackson for his investigations into the Pathology of the Nervous System.

The Committee on Membranous Croup and Diphtheria report that they are at present actively engaged in sifting the material in hand and in drawing up reports upon the various questions involved in the inquiry, and that the final report will probably not be long delayed.

The Council recommend that in future the meetings of the Society be held on the second and fourth Tuesdays in the month (the fourth Tuesday in December excepted) from the *fourth* Tuesday in October to the *second* Tuesday in June; instead of from the *second* Tuesday in October to the *fourth* Tuesday in May, as altered in the year 1871 from the old arrangement, by which the meetings had been held from November to June.

The Honorary Librarians, in making their Annual Report on the condition of the Library, state that the additions during 1877 consist of 443 works inclusive of pamphlets, but not of continuations of transactions and journals. Of that number 162 have been presented, and 281 purchased by the Society, and of the same total number 194 are English works and 249 foreign. The Librarians have no further report to make this year than that the new Catalogue and Index are both now passing through the press, and they hope they will be in the hands of the Fellows before the close of the year.

At the conclusion of the Report it was moved by Mr. Charles Hawkins, seconded by Dr. Buzzard, and carried unanimously:

"That the Report of the President and Council, with the appended audited Account of the Income and Expenditure of the Society for the past year, just read, be received, adopted, and printed in the 'Proceedings,' with the exception of the paragraph relative to the alteration in the times of meetings, which, involving an alteration in the Bye-Laws, would have to be separately considered."

It was then moved by Mr. Cooper Forster, seconded by Mr. Spencer Wells, and carried by a considerable majority:

"That in future the meetings of the Society be held on the second and fourth Tuesdays in the month (the fourth Tuesday in December excepted) from the fourth Tuesday in October to the second Tuesday in June, instead of from the second Tuesday in October to the fourth Tuesday in May, as altered in the year 1871 from the old arrangement, by which the meetings were held from November to June, and that the following alterations be made in the Bye-Laws accordingly:—Chap. XVII, Section i, lines 3 and 4, that the words "*fourth Tuesday in October*" be inserted instead of "*second Tuesday in October,*" and "*second Tuesday in June*" instead of "*fourth Tuesday in May.*"

Previous to the motion being put, the Secretary, Dr. John

Harley, rose and explained the reasons which had led the Council to adopt the recommendation in the Report, among which were the injurious effects of too early a commencement of the Session in lowering the numbers present at the first meeting, and an increase of the difficulty always felt by the Secretaries in obtaining papers for reading at that early period of the Session. Mr. Cooper Forster, in moving the alteration, supplemented the Secretary's remarks by suggesting that perhaps some of the papers in excess at the end of one Session might be kept back to supply the probable deficiency at the commencement of the next. Mr. Curling stated an objection to the change in that it would throw the consideration of some of the papers by the Council to a later period of the summer portion of the year, when the Councils were not so well attended; and Mr. Thomas Smith referred to the small attendance at the meetings in June, which, however, was replied to by the Secretary, who stated that on making up the average the number of attendances at the June meetings had been found to exceed those of the October ones substituted for them.

The President then called upon Dr. Hughlings Jackson to come forward to receive the Diploma of the Marshall-Hall Prize, and addressed him in the following words:

Dr. Hughlings Jackson,—I could have wished that for this night at least the chair might have been occupied by another than myself, so that you might have received your well-won honours from the hand of some one who had himself gathered laurels in the same field as you.

But as this cannot be, I have at least the satisfaction of assuring you how much I am your debtor for the light you have thrown on my path in the daily practice of my profession; how often I have found your doubts worth more than many another man's assertions; how, even, when I have hesitated to adopt your conclusions, it has been with the feeling that probably you were right and I was wrong; that your keener insight had shown you clearly facts the outlines of which seemed to me still blurred and indistinct.

Though all the Fellows acquiesce in the justice of the Council's award, it is yet perhaps fitting that I should mention the three chief grounds on which that award was made.

1st. Your contributions to the increase of our knowledge of aphasia, and to the increased certainty of that wonderful discovery by which we are now enabled to localise the power of intelligent articulate speech in a certain district of the brain.

2nd. Your careful clinical observations on epilepsy, and the light you have thereby thrown on many points connected with the structure and functions of the brain.

And 3rd. Your researches with the ophthalmoscope, that instrument by which we see through the eyes as through windows to the brain, and may hope in time to arrive by its means at something approaching that certainty of diagnosis which auscultation has enabled us to attain to in diseases of the chest.

In handing to you this diploma, which records your selection as the first Marshall-Hall Prizeman, I need not engage you to continue your investigations with the same diligence as heretofore, for "the labour we delight in physics pain." But do it with the same absence of self-seeking as has characterised your work hitherto, and you will continue to enjoy still the rare good fortune of praise without detraction, of honour without envy.

Dr. Hughlings Jackson, on receiving the Diploma, made a reply, thanking the President and Society for the very high honour conferred upon him.

The President then addressed the meeting, and after a few introductory remarks entered upon the obituary notices of such Fellows as had been lost to the Society during the preceding year as follows:

In the preface to the collection of his 'Éloges' on the deceased members of the Institute of France, M. Flourens says:—"The rule which I laid down for myself in writing these memorials of illustrious men, was to search for whatever in their works was truest, most honourable, most worthy of being had in remembrance.

"Quid verum atque decens."

On a narrower field, with time more limited, with ability infinitely less, it is my duty to-day to make mention of our departed colleagues, who falling, indeed, most of them far short of the great ones whom the Secretary of the French Academy has celebrated, have yet left behind them memories for us to cherish, examples for us to imitate.

To each, indeed, but small space can be allotted: five-and-forty minutes at the most for all, allow some four minutes or scarcely that to commemorate first one and then another of those who lived their life among us, who strove, suffered, helped, and have left among their surviving relatives and friends recollections which such brief mention of their names as I can make must needs fail to satisfy.

"Fortis Gyas, fortisque Cloanthus,"

was all the meed of praise the poet could bestow on some, the bravest of the Trojan host; and so I crave indulgence for my meagre tribute to those we mourn to-day.

The first name I have to mention, that of William Carr, of Blackheath, calls up none but pleasant recollections of one who deserved to succeed, and who succeeded, who in so doing made no enemies and many friends, who had many virtues and few faults, and those but the small weaknesses which men mention with a smile; to my mind as high a tribute as can well be paid to a man's sterling worth, and sympathetic character.

He was born at Leeds in 1814, of parents whose private means might have seemed to place him beyond the necessity of following any profession, but for a reverse of fortune which compelled him while yet a lad to seek for independence by his own exertions. He was apprenticed to Mr. Needham a practitioner at York, and pursued his studies in the medical school of that city, where he was for some time the much trusted house surgeon to the hospital. Coming afterwards to London he passed a not undistinguished career at University College, and having become a Member of the College of Surgeons in 1837, began practice at Blackheath, where his success grew year by year with the increase of what has changed since then from a country village to a populous suburb.

In this locality he worked, and rarely went beyond it. He took a part, indeed, and a highly honourable one in the inquiry made in 1865 into the management of the Metropolitan Workhouse Infirmaries; and devoted much time, trouble, and money to the promotion of the interests of the Medical Benevolent College at Epsom, and had succeeded in raising a fund of £5000, of which he himself munificently gave £1000 towards the foundation of four scholarships in connection with it, when death interrupted his labours and sent him to receive his reward. In his case the good is not, as the poet says is usual, buried in his grave, but it lives after him, and the sacred task of finishing his work has been undertaken, and by this time well-nigh accomplished by his widow.

He was a sound practitioner, but though he sent a few papers to the medical journals he was too busy in other ways to add much to the literature of his profession. But he did better. He worked in the parish in which he lived, as if he were a lay parson, the helper not the antagonist of the clergyman, and found in the affectionate appreciation of those among whom he dwelt, the best incitement to his labours, and their most grateful recompense. His useful happy life ended at the age of sixty-three on the 22nd of last March.

The next name on my list is that of a man more widely notable, more largely successful, Mr. William Coulson, who for nearly fifty years was a member of this society. He was born at Penzance in 1802, and after a preliminary education at the grammar school of his native town he went to Brittany at the age of fourteen, where he spent two years, and thus acquired a perfect knowledge of French, which like the thorough acquaintance with German which he gained subsequently during a prolonged residence in Berlin, stood him in good stead in after years. He passed through the then usual apprenticeship in Penzance, and then came to London where he entered at the Webb Street

School of Medicine, whose very existence few now remember, and attended at the same time the practice of St. Thomas's Hospital. Here, too, he began his career of untiring activity by reporting cases for the 'Lancet,' and afterwards became one of the editorial staff of that journal.

In 1826, on his return from Berlin, he joined the College of Surgeons, and immediately took an active part in the establishment of the Aldersgate School of Medicine, in conjunction with Mr. Tyrrell, Mr. Wardrop, and the late Sir W. Lawrence; men all of great ability, but otherwise not very unlike those who, in long by-gone times, gathered together in the cave of Adullam. The surgeoncy to the General Dispensary in Aldersgate Street, where I was initiated into the long forgotten mysteries of how to bleed and how to cup, was his first appointment, gained by him in 1828, and in the course of years there came other smaller pieces of preferment, and then the surgeoncy to the German Hospital, and lastly to St. Mary's Hospital.

He deserved each step by hard, honest work, which beginning with a revised edition of 'Blumenbach's Comparative Anatomy' in 1827, ended with the 5th edition of his work 'On Diseases of the Bladder' in 1857, and almost all that he wrote, and he wrote much, had decided influence in adding to his practice. He acquired, indeed, large wealth in practice, and I have heard the reproach that he was too eager for its attainment. I do not know if this was so, but even if it were his books bear no traces of it. They have not at all the character of being written for any other purpose than that of conveying the knowledge of which he had an abundant store. Their style is very clear, plain, unadorned, essentially practical, showing large experience, unaccompanied either by boasting of himself, or by disparaging criticism of others. He seems to me a man speaking from large knowledge, and his manner of communicating it reminds me much of a man, no doubt vastly his superior, the late Sir Benjamin Brodie.

He wrote so much that there is not time to enumerate even the titles of his works. One of his earliest, that on Deformities of the Chest comes more than most within the scope of my own work. It shows careful and acute observation, and I am sorry that by my own fault I was not earlier acquainted with it, so that I might earlier have done it justice.

His treatise on Diseases of the Hip Joint became a sort of manual; clear, concise, practical; and I believe is still in constant requisition; and his essay on Diseases of the Urinary Organs has also stood the test of time, has passed as I have already said through many editions, and still retains a scarcely lessened value.

Those who knew Mr. Coulson intimately, speak of his hospitality, and of the gifted guests whom he gathered round his table. They attest too his kindness to the needy and to young men struggling with difficulties. High qualities these, and deserving no scant praise. I do not know that we have a right to expect of every member of our profession that he should take Meade's motto, "Non sibi sed toti," in its widest sense, or blame him severely who fails to act up to it.

We are all acquainted with the story, the myth if you will, of Columbus and the egg; in any case it serves as an apologue which tells how when genius has once found out the way, a discovery seems so simple that we almost fancy it is no discovery at all, but that we always knew it, or at any rate that we might have known it, had we but turned our minds towards it. And so when we hear that a young assistant surgeon in the Indian army noticed how the natives when going out in the cool of early morning held a fold or two of their cotton dress before their mouths, and so lessened the rawness of the air, and thence deduced the idea of the Respirator which has preserved the lives of many, safeguarded the health of more; we do not enter at once into all that that invention implies.

Of the early history of Mr. Julius Jeffreys, who died at Richmond, on the 13th of May, 1877, at the age of 76, I have been able to learn nothing, and though he dwelt in this country for more than the last thirty years of his life, he seems to have lived almost entirely in a small circle of private friends, and not to have mixed much with members of his own profession. Thus much one can make out from his own writings; that he pursued his medical studies in Edinburgh, and joined the College of Surgeons of England in 1821, after which he appears to have spent some time in London. While living there he published an "Inquiry into the Comparative Forces of the Flexor and Extensor Muscles," in which he combated the prevalent opinion that the flexor muscles are in the case of all the larger joints more powerful than the extensors. This little tract, for it is no more, shows a remarkable amount of anatomical knowledge and of logical acumen, and obtained for him the high praise of Sir Astley Cooper, Mr. Abernethy, and Mr. Travers; the two last of whom moreover professed themselves satisfied of the accuracy of the opinions which he expressed.

India, however, was his destination, and thither he went at the age of twenty-two or little more, and his active mind at once found occupation in the class of inquiries to which he devoted himself. In 1824 he visited the Himalayas when Simla was the only health station throughout the peninsula, and embodied in an essay which appeared in Calcutta in the same year the advice, since largely acted on, that similar stations should be established at suitable elevations in various parts of India.

The points on which he insists and the same ideas run through all his subsequent writings, are

1st. That most of the diseases of India are induced through injury to the functions of the skin.

2nd. That whereas in temperate climates much of the heat generated in the body is removed by direct conduction, such removal takes place in tropical countries only by means of excessive perspiration. Such unnatural excitement of the skin function cannot, however, last long; the function therefore becomes gradually weakened, and the accumulation of heat within disorders the internal organs.

3rd. The exhausted skin function is by degrees restored in a more temperate climate, such as that of the hills, while the diminished barometrical pressure at high altitudes favours the same end. Mountains too in tropical countries unlike those in Europe have a temperature not only moderate, but also far more equable than that of the plains.

To have laid the foundations of a city, where no human habitation stood before, to have formed harbours of refuge along a storm beaten coast, are works which kings are proud of, which medals are struck to commemorate. To have done more than any one else to place throughout our vast eastern dominions cities of refuge along every mountain chain : not as of old for the guilty to hide in, but for the exhausted soldier, for the worn out civilian, for their wives and children, and for all whose presence with them cheers their hard toil, and keeps alive in a heathen land all the sweet charities of a Christian home, to take shelter in from the terrible avenger, " the pestilence that walketh in darkness, the destruction that wasteth at noon day :" this surely is a work that may stand side by side with any that kings have ever accomplished or imagined.

And if so, then I hear the complaint so often made by members of our profession that the work we do is unrecognised, that the world's honours are unequally divided, and that we are excluded from our fair share of them. I do not deny it, but yet what I said nearly thirty years ago, when young myself I was addressing the students at St. Bartholomew's Hospital, so I say now that life's shadows are lengthening fast, and say it with more emphasis than ever, just schooled by bitterest disappointment in the work where my heart dwelt most. " Sunt *sua* præmia laudi," and there is a higher guerdon than titles, honours, or applause.

This good work was not a mere accident, the result of a happy thought which the young man stumbled on as it were by chance. He was always busy, nor selfishly so; though I dare say that his inventive genius brought, as it deserved, increase to his fortune. My venerated friend Dr. Jackson, late of Calcutta, the Nestor of Indian physicians, tells me that Mr. Jeffreys invented the thermantidote as he termed it for cooling houses, he established a manufactory of soda water, and made the stone bottles formerly used for containing it, and prepared citrate of lime which he sent to England for the formation of citric acid. But better than this, he was, says Dr. Jackson "a man of genius and refined taste, held in much respect by the authorities, and much esteemed by his profession."

His mental activity was unabated when he returned to England in the full vigour of manhood, but I have time only to indicate the nature of his work. In 1842 he published a series of papers in the 'Medical Gazette' on the influence of climate, and in this he unfolded the principles which led him to construct the respirator. This was followed in 1843 by a book on what he called the 'Statics of the Chest,' a term by which he wished to imply the natural and healthy condition of the respiratory apparatus. This, and indeed all his writings, labour under the disadvantage of an involved and inelegant style, which does his ideas but scanty justice. Lastly, he wrote a book on the British army in India, full, as it appears to me, of valuable suggestions, written, too, in a better and more pleasing style than his other works, and from which self seems to me quite excluded, except in so far as his experience and knowledge could be of service to others. And here I must leave his memory, sorry only that I can introduce no touch from intimate personal acquaintance of any one which would have enabled us to realise more thoroughly what manner of man he was; so active, so fertile in resources, so benevolent in endeavour, who yet has passed away, and, as it would seem, but for this mention of mine would have passed away almost unnoticed.

Next in order come two of our Fellows, widely different in all respects, who died within a day of each other, Mr. George Cooper, of Brentford, who died at the age of eighty-four on the 7th, and Dr. Thomas Heberden, who died at the age of seventy-five on the 8th, of July, 1877. The latter was the grandson of the well-known physician whose classical Latin and sententious wisdom kept alive for him a reputation which increased for the first half century after his death, and now has fallen into undeserved oblivion. His grandson, like the inheritor of a title who is not in succession to the estates, probably suffered rather than gained from the distinguished name he bore. He was a shy, timid man, loved by those who knew him well, but keeping much aloof from others; not seeking for practice, but amusing himself in later years with wild medical speculations, whose hollowness experience at the bedside would have helped him to perceive. But when we lost him, our Society counted one scholar, one gentleman the less.

In strong contrast with him stood out Mr. Cooper, robust, active, bustling in manner, decided but kindly withal in tone, having a large general practice to attend to, but yet finding time to discharge the duties of Master of the Apothecaries' Company, and of their representative in the Medical Council. I came in contact with him a few times when we both were members of the Committee for trying to carry out the scheme for a conjoint Examining Board for England and Wales, now happily accomplished, and was much impressed by his straightforward good sense. He and such as he are like the rank and file of an army; their strength of character, their practical knowledge, their personal good qualities, add to the reputation of the whole profession; they are veteran soldiers so well trained, so highly disciplined, so skilled, that they need but the opportunity to prove themselves fit to lead.

Few professions draw into their circle men so variously endowed, so widely different in tastes, pursuits, and aptitudes as ours, and it is to this that is due much of the wide-reaching influence which, without rank, without wealth, the practitioner of medicine exercises upon society at large. I have passed in hasty review very different characters already, but I must mention next one unlike any of those who have preceded, or who will follow in my record. "Per mare, per terras," might well have been the motto of the late Dr. Mayo, who, born at Winchester in January, 1837, brought up at that most ancient of our public schools, where mediæval customs have longest lingered, then nurtured at Oxford, where his own Fellowship at New College represented traditions now passed away: spent the last two years of his life among the cannibals of the Pacific, and died and was buried at sea at the early age of forty.

He studied his profession at St. Bartholomew's Hospital, and also abroad; but he studied many things besides, archæology, ecclesiology, music, and architecture, as says the friendly writer of a notice of him in the 'Medical Times.' He seems to have had something of the inventive power which we have noticed in Mr. Jeffreys, but he did not concentrate it on his profession as the other did, and the man who takes up medicine seriously will scarcely find time to spend on an invention for propelling ships.

I forget how long Goethe represents Wilhelm Meister's apprenticeship to have lasted; but the inevitable three score years and ten must limit its duration if we are to do anything, I will not say for ourselves only, but for others too in the world. Dr. Mayo's misfortune was that his apprenticeship lasted forty years; now with the Confederate American army, then in the Franco-Prussian war, then in London, where he held office for a time in connection with his old hospital, when trying there, too violently perhaps, to wrest wrong to right, he left in disgust to join the Dutch army in Sumatra, and then finished his career among the savage islanders of the Southern Sea. I did not know him personally, but I recollect a very interesting communication from him coming before us through the Colonial office at the College of Physicians concerning an epidemic of measles in the Fiji Islands, which struck me much as showing him to be a man of acute observation and sound sense. We asked, I remember, for more detailed information, but death stopped his hand. His failure, if failure it were—a life spent in self-culture, but with a tender feeling for the suffering and helpless, and a generous scorn of wrong—was, to my thinking, worth many of what are called successes in medical practice.

Side by side on my list with this medical knight-errant stands one who was an embodiment of staid respectability in its best and highest sense, the late Dr. Frederick Davies, who practised in Gower Street for many years, till driven by failing health he went to the Isle of Wight, and died at Ryde on the 7th of October last at the age of sixty-eight. He was my senior at St. Bartholomew's Hospital where we both studied, so that I did not known him then, but I often met him afterwards in practice, and always found him a well-informed, painstaking, and conscientious practitioner. He held the appointment of Surgeon to the St. Pancras Dispensary, but his only contribution to the literature of our profession was a work of a medico-political character, on which he bestowed a good deal of labour. It was written while he was engaged in general practice, which, as he grew older, he seems to have merged in that of the family physician, having taken with that view the degree of Doctor of Medicine at St. Andrews in 1862. His book was entitled 'The Unity of Medicine, its corruptions and divisions as by law established in England and Wales, with their causes, effects, and remedy, by a Fellow of the Royal College of Surgeons,' 8vo. London, 1858; 2nd ed. 1870. The drift of the book is to insist on what none will deny, that the idea of a perfect physician implies conversance with medicine, surgery, and all branches of the healing art; and his aspirations in this respect are, I trust, now realised by the one examination for all, whatever department they may afterwards specially cultivate. But all shortcomings, past or present, seem to him the consequences of bad intentions on the part of those who he thinks might and should have done better. From the time of the monks down to that of the existing medical corporations all are tried, and found not simply wanting, but positively guilty. The book contains, however, a large amount of really interesting matter. One agrees to a large extent with the author's conclusions, and at any rate one respects his earnestness and high tone, even when one cannot fall in with his opinions.

Next comes the name of one, whom most regarded with friendship while living, whom all mourned when dead, Dr. William Richard Basham, late Physician to the Westminster Hospital, who was born at Diss, in Norfolk, in 1804, and died from the effects of paralysis after a lingering illness of eight months on the 16th of October last.

Originally intended for mercantile pursuits, he did not begin the study of medicine until the age of twenty-seven, took his degree at Edinburgh when thirty, and after some three years of travel in different countries joined the College of Physicians and settled down in practice in London in 1838. Few men possessed more of that general scientific culture necessary to attain high rank as a physician. He is said to have been a good botanist, an accomplished chemist, and microscopist, and the drawings with which he illustrated his writings attest his excellence as a draughtsman. But he was widely versed in matters outside his profession, and his readiness to communicate his knowledge, and his genial ways when once his somewhat rough outside was passed, rendered him much loved socially. He was, I have heard, somewhat hasty, though of this I saw no trace when he and I were fellow censors at the College of Physicians, but my informant who told me of this defect more than obliterated it by adding that he was of so generous a nature that when he was convinced he had been wrong, he seemed as if he never could do enough to atone for his error.

He wrote much, and always because he had something to say, and of what he said the matter was better than the manner, for as he did not sacrifice to the graces of the person so neither did he cultivate as he might have done, had he cared, elegance of style. This oversight probably lessened the popularity to which the sterling merit of his works entitled them, as it almost without doubt interfered with the large success he deserved in practice.

With the exception of a few papers contributed to our 'Transactions' his writings were all devoted to the subject of dropsy and renal disease, and his book on 'Dropsy connected with Diseases of the Kidneys' passed through three editions. From this, as well as from his Croonian Lectures 'On the significance of Dropsy as a symptom in Renal, Cardiac, and Pulmonary Diseases,' 8vo. London, 1864, we all have profited, but I prefer to give the estimate of the value of his work in the words of his friend and mine, Dr. Owen Rees, for it is not the amount of praise bestowed, but the competence of the giver to award it, which is the measure of its value.

"As regards Dr. Basham's work in my line," says Dr. Rees, "I can state very confidently that he not only showed powers as a shrewd thinker and a good logician, but had the good sense to avoid theorising, preferring rather to suggest views for others to reflect upon, and test by their experience. His knowledge of animal chemistry was far beyond that of any practising physician I know, and I do not think he was at all appreciated by the profession as he ought to have been as a chemist, and I may add as a microscopical observer.

"His work is an excellent one, and no one can read it without observing an exceptional regard to exactness which is a great charm in treating a subject in which so many are meddling in the present day with very imperfect fitness.

"In social life he was very much loved. Personally I had a most sincere regard for him, and I felt his loss very much."

I pass with shorter notice than would otherwise be fitting the name of our much respected colleague Mr. Robert Dunn, of Norfolk Street, since I dwelt so fully on his high character in my address last January to the Obstetrical Society, of which he was a member, that I cannot well tread again over the same ground. He was born at the close of last century at Gosforth, in Northumberland, studied at the Borough schools and hospitals, settled down in practice in Norfolk Street, Strand, where for nearly half a century he pursued the quiet tenor of his life, and died there peacefully at the age of seventy-eight on the 4th of November last.

He was unostentatiously diligent, doing with his might the work which each day brought with it, and turning for refreshment to pursuits connected with his profession, in following which he threw light on many questions of interest and importance especially in connection with the pathology of the nervous system.

There are in all walks of life some whom we cannot presume to follow, so gifted are they beyond ordinary men. But for myself, for most of us who do not rise in mental stature above our compeers, I know of no memory we should more cherish nor any example we should more strive to imitate than that of Robert Dunn.

The last of our ordinary fellows whose loss we have to deplore is Dr. Richard Payne Cotton who carried with him, more than most do, the affectionate regrets of all who had ever known him. He was born in London in the year 1820, studied at St. George's Hospital and at Paris, and for twenty-seven years was connected with the Brompton Hospital for Consumption. His large opportunities and his conscientious sense of duty in availing himself of them made him a thoroughly sound physician, and obtained for him well-merited success in practice. He wrote a Treatise on Consumption, and a little manual of Auscultation in its bearing on Phthisis, and the first of them passed through two, the other through several editions. They both display good sense, good acquaintance with his subject, and are entirely free from the least taint of that charlatanism, which is the besetting sin of those whom accident or their own choice makes specialists.

Besides his professional knowledge, Dr. Cotton was a man of general culture, and especially well versed in geology, which from youth upwards had been with him a favourite pursuit. He was pre-eminently a man of peace and acted consistently, and I am sure from no selfish motives, on the principle that no end, public or private, was worth strife to obtain it. His patients loved him much, his friends more, his family most of all, while nothing could better illustrate the strength which goes sometimes with extremest gentleness than the unmurmuring patience with which he bore for six months the agonies of a lingering death from heart disease. He died, a happy release for him, last Christmas eve.

Two names still remain for mention, both those of Honorary Fellows, the one a British, the other a Foreign associate of our Society, and both reflected on us at least as much honour as the fellowship conferred.

The first was Dr. William Stokes, the scholar, the accomplished physician, the large-hearted philanthropist; the second, Monsieur Claude Bernard, the man of science, of deep insight, of unwearied diligence, who threw light on many of the most hidden functions of the human body, and whose work was judged so highly of by his countrymen, that the state expressed the universal feeling by appointing to him a public funeral. To render fit homage to the memory of either would require, had I even the skill to do it, more than all the time which has been already taken up by this address.

A few dates are all that I need give in Dr. Stokes' life-history, uneventful except for the good he did. He was born in Dublin in 1804; graduated at Edinburgh, was appointed physician to the Meath Hospital in 1826, and held the post and did its work till 1875, when he retired from failing health, and died on the 7th of January in this year from the effects of slowly increasing paralysis.

I had the happiness of being a pupil at the Meath Hospital in 1838, when Stokes, and his friend and master Graves, who was nearly ten years his senior, were at the zenith of their reputation. The mutual affection of teacher and pupil seemed cemented by their relation to each other as colleagues. They were both too noble for there to be any room for jealousy in their natures. They both taught well, and both well repaid attention, the difference was: Graves compelled, Stokes invited it. The former next to the late Professor Trousseau was the most remarkable clinical teacher I ever knew; the latter did not strike as my dear friend Dr. Latham did by his manner of saying things, but what he said you did not readily forget. I recall as though it were but yesterday, a lecture by Dr. Stokes on the indications furnished by auscultation of the heart for the administration of wine in fever.

In all Dr. Stokes did or said, the practical end was never lost sight of, the acquisition of knowledge for the benefit and use of man. It runs through all he wrote, and is as discernible in his most casual remarks as in his great works on Diseases of the Chest, and on Diseases of the Heart. It characterises his last book, his Lectures on Fever, published only three years before his death, and I think a recognition of this might a little have qualified the criticism which has been passed on him for a supposed failure to perceive the distinction between typhus and typhoid fevers. He seems to me to have regarded them as distinct; but the point on which he dwelt was that which the two had in common, and which went to make up the idea of *fever*. "We shall find," says he, "as we advance in the true method of studying medicine, which is mainly the practice of it, that we shall attach less weight to the distinctions and classification of essential diseases given in books, than to the facts connected with their history, resemblances and treatment."*

Nor am I prepared to see in his belief in the change of type of disease an evidence of what has been termed, "a limitation in his intellectual receptiveness." They who read the details of the diseases of a few centuries ago, and compare them with descriptions of those prevalent now, can, so at least it seems to me, scarcely fail to acknowledge that not only the type of disease, but that the diseases themselves in many instances have changed. Some with no special cause, as the bubonic plague, have almost ceased to be, others as cholera have arisen, which we did not know before. My own experience, and the question has engaged much of my attention, leads me to believe that such a change was beginning in my early student days, and that it is now more marked than then. At any rate "Malo cum Platone errare," and with Stokes I find it, "hard to believe that the fathers of British medicine were always in error, and that they were bad observers and mistaken practitioners."*

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* 'Lectures on Fever,' p. 95.

He was one of the founders, and for many years the Honorary Secretary of the Pathological Society of Dublin. From the high vantage ground which his knowledge of morbid anatomy gave him, he uttered words of wisdom which I may be forgiven if I quote here, as bearing on what seems to me too much the tendency of the medical research of the present day.

"The healing art, whether medicine or surgery requires a wider field of study than is afforded by the dissecting room or the laboratory; and researches as to morbid structures have thrown but a fitful and limited light on disease. Until this truth be acted on, many precious years of the best time of the student's life will be wasted. It has been attempted to base medicine on pathological anatomy as if by its study we could solve the infinitely varied problems of disease and of therapeutics. The explanation of even death through anatomical research is admissible only in exceptional cases. But it is of value less as a key to the origin and cause of disease, than to diagnosis and the science of the many changes which attend morbid action."†

There is no time to say more; to tell how he was always active with his pen, or with his voice, or with his practical good deeds which spoke louder still. Preventive medicine was the subject of his constant endeavour in every form by which the physical or moral well being of his fellow men could be promoted.

Like most men who work well, he played well too; and his play was sometimes the scholar's recreation, as in his life of Petrie or in his pursuit of Irish antiquarian research in which he was no mean proficient, sometimes the broad fun of donkey tournaments and uproarious games. But through all there ran the same under current of kindliest consideration for others, and of affection for the young, which made him, when his mind was failing, find his chief solace and amusement in the company of children, who gathered of their own accord around him, from hearty love, as his sympathetic biographer tells us, for Grandpapa Stokes.*

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* "Address in Medicine, at the Twenty-third Meeting of British Medical Association," 'Brit. Med. Journal,' August 12th, 1865.

† 'Lectures on Fever,' pp. 33, 34.

Here I should end but that it seems to me that at the present day when the world of intellect is becoming divided into two opposing camps, it may not be out of place to borrow Dr. Stokes' own words about Dr. Alison, and to say of him too, that "men should not forget what reverence is due to his memory, whether we look at him as a man of science and a teacher, or at his life as an exemplar of that of a soldier of Christ." Those who have not enlisted in that army will yet respect the man, who all life long stood true to his standard.

What can I say of M. Claude Bernard? Our assistant Librarian, Mr. Wheatley, to whose knowledge, and whose never-failing courteous helpfulness all Fellows of the Society will gladly own their obligation, has given me a list of thirteen works on physiology, besides published lectures by M. Bernard, which have appeared between 1853 and 1877; and he tells me, moreover, that the Royal Society's Catalogue of Papers in the 'Transactions' of different learned bodies contains the titles of no fewer than sixty-five from his pen. Had I the knowledge, which I have not, duly to estimate his labours, and to lay before this Society an abstract of their result there is no time to do it. A few words I may say as to who and what the man was who worked so much and worked so well.

Born at the little village of St. Julien, near Villefranche, in the Beaujolais, on July 12, 1813, apprenticed to a chemist and druggist at Lyons, with vague perceptions of power for something higher, he knew not what, he came to Paris, that city where the vain fancy of the foolish many has often found its grave, the rare genius of the few its cradle. He studied medicine, and took his doctor's degree in 1843; but even before then the post of assistant to Magendie must have turned his thoughts more, perhaps, than he was himself aware of, in the direction of those physiological inquiries in which he gained such high distinction. At the mature age of forty he abandoned all thought of engaging in practice in order to devote himself entirely to experimental physiology. The functions of the pancreas, those of the liver, the controlling power of the nervous centres over the latter organs, the performance by the placenta during fœtal life of some of the offices afterwards discharged by the liver, the temperature of the blood, the action of the sympathetic nerves, are but some of the many subjects which stimulated his insatiable thirst for knowledge, and engaged his remarkable powers of observation.

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* "Sketch of Dr. Stokes," by Rev. J. P. Mahaffy, in 'Macmillan' for February, 1878.

Honours, well deserved, were showered upon him, but when he had attained a world-wide reputation he continued the same man as he was when his name was quite unknown. He was made Member of the Academy of Medicine, Member of the Institute, Commander of the Legion of Honour, and Senator of France, but he never meddled with politics, the world in which he lived was a different and a higher one, and so it may well have been that in public he seemed grave and pre-occupied. He was modest and he was poor. They say he economised in order to pay off his father's debts. He died, after a short illness, on the 10th of last February, and has left us his works to study and his example to imitate.

One thing has struck me much in drawing up these short notices of the deceased Fellows of our Society, that almost without exception they may be said, in words used long ago, to have "served their own generation," not themselves. The sphere in which one worked was a wider, in which another a narrower one. This man threw his energies into the welfare of the parish where he lived; another devoted himself to the benefit of the dwellers in the great continent of India; a third to the vindication of the principles which seemed to him to underlie the highest interests of our profession; while a fourth, not greedy of the gain which he might have had every day, nor thirsting for public distinctions, which would have been bestowed on small seeking, helped the poor and taught the student almost to his dying day; and last of all, and in some respects certainly the greatest, was he whose name I have just mentioned, who lived all life long on an elevation too high for his intellect to be dazzled by the sunshine, or obscured by the shadows of the world below.

I know that to praise the days that have fled, to live in the long retrospect, rather than in the short remaining future, is the natural disposition as life goes on and its sun declines. But for all that I cannot refrain altogether from the question whether the spirit of the present day, the hurry to get on, the anxiety for wealth in order to meet a needlessly lavish expenditure, do not tend to emasculate the character by putting self, and that not a high self, in the place of something wider, nobler, better.

Pardon me for raising the question here, some may deem it out of place. It appears to me, however that the first medical society in the kingdom should assert the highest principles in conduct, as well as the soundest in science; and strong in the strength which the position I owe to your kindness has given me, I venture to ask a question which of myself I dare not ask which even now I crave your pardon for asking.

At the conclusion of the address it was moved by Mr. James Moncrieff Arnott, and seconded by Sir James Paget, both in highly eulogistic terms, and carried with great applause:

"That this Society expresses its best thanks to the President, Dr. Charles West, for his most excellent address, and that he be requested to allow it to be printed."

It was moved by Mr. George Pollock, and seconded by Mr. Erichsen, and carried:

"That this Meeting desires to return its best thanks to the retiring Members of Council, viz. Dr. Lionel Beale, Dr. Greenhow, Dr. Wm. Ogle, Mr. Richard Barwell, Mr. Arthur Durham, Mr. Richard Phillips, Mr. Soelberg Wells, and Mr. Erasmus Wilson, for their interest and services in the management of the affairs of the Society during the time they have been in office."

And it was also moved by Mr. Curling, seconded by Mr. Thomas Smith, and carried with acclamation:

"That the cordial thanks of the Society be presented to the retiring officers, viz. Dr. John Harley and Mr. John Whitaker Hulke, *Hon. Secretaries*, and Dr. Charles Murchison and Mr. Timothy Holmes, *Hon. Librarians*, for their zealous and valuable services to the Society during the periods they have respectively held their offices."

On the motion of the retiring Secretary, Dr. John Harley, seconded by Sir James Paget, a vote of thanks was also given to Mr. Wheatley, the Assistant-Librarian, for his able and zealous services in the interest of the Society.

The meeting then adjourned after the President had announced the result of the Ballot for Officers and Council for 1878-9 as follows:

President.

Charles West, M.D.

Vice-Presidents.

William Wood, M.D.
*Richard Quain, M.D., F.R.S.
John Cooper Forster.
John Wood, F.R.S.

Treasurers.

William Wegg, M.D.
John Birkett.

Secretaries.

*James Andrew, M.D.
*Timothy Holmes.

Librarians.

*George Johnson, M.D., F.R.S.
*William Scovell Savory, F.R.S.

Other Members of Council.

Robert Barnes, M.D.
William Chapman Begley, M.D.
*Charles Handfield Jones, M.B., F.R.S.
*Octavius Sturges, M.D.
*E. Symes Thompson, M.D.
*William Morrant Baker.
*Henry Howard Hayward.
*Matthew Berkeley Hill.
*Arthur B. R. Myers.
*Robert John Spitta, M.D.

Those gentlemen to whose names an asterisk is prefixed were not on the Council or did not fill the same office last year.

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

March 12th, 1878.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—68 Fellows and 19 visitors.

Books were presented by Dr. Busey, Dr. Robert Elliott, Dr. Sieveking, the Literary and Philosophical Society of Liverpool, and the Local Government Board.

The following gentlemen were admitted Fellows of the Society:—John Hammond Morgan, M.A., F.R.C.S., James Crichton Browne, M.D., Fred. Thomas Roberts, M.D., and Gerald F. Yeo, M.D.

George Hare Philipson, M.D. (Newcastle), was proposed for election.

The following communication was read:

I. An Analysis of 500 Cases of Operation for Stone in the Bladder of the Adult Male performed by himself, including his entire experience of Male Adults up to January, 1877, with remarks on some of the most important incidents arising in connection with them. By Sir Henry Thompson, Emeritus Professor of Clinical Surgery in University College, London. (Received Jan. 8th, 1878.)

(*Abstract.*)

The 500 cases are in adult males, that is of 20 years old and upwards, the great majority being from 50 to 70 years; the mean age is 61½ years. They comprise my entire and unselected work from the first case up to January, 1877. The published experience of Cheselden, Martineau, Brodie and Fergusson is recorded. The sum of similar cases treated by them is by number 422. Of these 422, 69 were fatal, or 16½ per cent., *i.e.* one in rather more than 6 cases.

Of the 500 cases in question 422 were by lithotrity, and 78 by lithotomy.

The number of individuals operated upon is 420, several of the lithotrity patients being operated upon twice, a few three times. In all cases a considerable interval and evidence of fresh formation (mostly a newly descended uric acid calculus) has existed. Small phosphatic concretions, although removed by the lithotrite, have not been reckoned as stone in the bladder.

The chemical constitution of the calculi is as follows:

Uric acid	313
Phosphatic	99
Mixed	81
Cystic oxide	1
Pure phosphate and carbonate of lime	2
Phosphatic calculi formed on foreign bodies	4
	500

The mortality, accepting almost any death occurring within six weeks of the operation, is as follows:

In 422 cases of lithotrity, 32 deaths, or 1 in 13 cases.
„ 78 „ lithotomy, 29 „ 1 „ 2¾ „
Total 500, with 61 deaths, or 1 death in 8½ cases.

The causes of death which are given in each case are tabulated, compared and contrasted in the two operations, with inferences thereupon.

Accidents met with in operating by each mode are detailed, and the manner in which they were dealt with.

The general inference is arrived at that it is unwise to apply, as a rule, lithotrity to any stones above moderate size; and if any calculus is sufficiently large to require what is known as the fenestrated instrument, it is better to employ lithotomy. The author has not employed such an instrument during the last ten years.

Finally, are remarks on the after history of patients who have been operated on by lithotrity.

The entire series of calculi were shown at the meeting.

March 26th, 1878.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—32 Fellows and 7 visitors.

Books were presented by Dr. Bulkley, Mr. M. Clarke, Dr. H. Green, Messrs. Lewis and Cunningham, Dr. Henry A. Martin, Dr. Douglas Powell, Dr. S. W. D. Williams, the Athenæum, and the Royal Institution; and some scarce books and reports on Cholera, deficient in the Society's

Library, were presented by Mr. C. Macnamara in order to complete the Society's collection of works on the subject.

Dr. Joseph Arderne Ormerod was admitted a Fellow of the Society.

The following communications were read:

I. On the Condition of the Skin in Tinea Tonsurans. By George Thin, M.D. (Received Jan. 8th, 1878.)

(*Abstract.*)

The paper gives an account of the appearances seen in sections through the entire thickness of the skin of a horse affected with ringworm. The author alludes to the evidence on which the identity of the disease in that animal and in man has been established, and to cases in which the *Tricophyton tonsurans* has been transmitted from the former to the latter.

The skin was examined in both the earlier and the advanced stages. The spores of the *Tricophyton tonsurans* are found amongst the most superficial scales of the horny layer of the epidermis. They are found in the cutis only in the shaft of the hair and between the shaft and the internal root-sheath. The spores in no instance were found in the root-sheaths, the hair-root or hair papilla, nor in the connective tissue surrounding the hair follicle. That is to say, the spores were never found in actual contact with living tissue, the space between the internal root-sheath and the hair-shaft being analogous to the most superficial stratum of the horny layer.

The affected hair first bends and then breaks at a point usually midway between the rete mucosum and the hair root. This the author attributes to the disintegrated hair yielding to

the pressure produced by the normal growth of the hair-shaft upwards.

The changes found in the tissues of the cutis and rete mucosum are sometimes extensive and are similar to those found in inflammation from whatever cause it arises. The spaces between the bundles of connective tissue are more or less infiltrated with colourless blood-corpuscles (pus-cells), the walls and immediate neighbourhood of the blood-vessels being thickly studded with them. Retrogressive changes are found in the nuclei of the cells of the rete mucosum, and at some parts the epidermis has completely broken down, leaving the cutis denuded. In the latter case the surface is found covered with pus-cells. Small localised abscesses are found in the external root sheath and in the rete mucosum.

The cell infiltration descends along the veins to the deepest parts of the cutis.

The author, finding these well-marked inflammatory effects in tissues which contain no vegetable organism, suggests that they are due to irritation which is produced by the absorption of soluble matter set free during the growth of the fungus. The parasite finds its pabulum amongst effete epidermic structures and can only assimilate by decomposing them. This theory seems to be the only reasonable one, because the effects produced are far in excess of those which might be expected to follow the pressure attending the distortion of the hair.

The incapacity on the part of the fungus to exist in living animal tissues explains the *modus operandi* of the very numerous methods of curing ringworm. Many of the substances applied are simple irritants whilst the parasiticides in common use are also irritant. Inflammation, when sufficiently extensive, cures ringworm, as is shown by the fact adduced by the author in which a simple wound through a ringworm spot cured the whole patch. It is thus that the beneficial effect in chronic cases of a continued slight congestion is explained.

The author further points out the probable injurious effect on the general health of the continued absorption of the irritating matters produced by the growing fungus.

II. One Hundred Cases of Paracentesis of the Tympanic Membrane; with the results obtained therefrom, and remarks on the different methods of operation. By W. Laidlaw Purves, M.D., Aural Surgeon to Guy's Hospital. (Received Jan. 8th, 1878.)

(*Abstract.*)

Of the different methods employed—the knife, the trephine, acids, oils and ointments, pancreatine, and the galvano-cautery—the galvano-cautery combined with pressure and ointments is preferred for maintaining or attempting to maintain a permanent opening, but the maintenance of such is exceptional. The frequent repetition of the paracentesis causes a permanent thinning at the spot perforated, which acts to a certain extent in the same way as a perforation.

Of 83 individuals operated on, 46 were benefited temporarily or permanently. In cases of tinnitus one fourth were benefited. In acoustic affection no improvement occurred. Of 39 cases of cataractous drums 23 were improved; 5 out of 7 relaxed drums improved. Of 21 paracenteses for the removal of substances from the cavity 15 were benefited.

April 9th, 1878.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—42 Fellows and 12 visitors.

Books were presented by Mr. White Cooper, Mr. T. B. Curling, the Zoological Society, and the Société des Sciences Médicales de Lyon.

Professor Lister was admitted a Fellow of the Society.

The following gentlemen were elected Fellows:—Frederic Richard Fisher, F.R.C.S., Donald W. Charles Hood, M.B., George Hare Philipson, M.D., M.A., and Thomas Sympson, F.R.C.S.

Richard Davy, F.R.C.S., and Herbert Foveaux Weiss, M.R.C.S., were proposed for election.

The following communications were read:

I. On some Points in the Minute Anatomy of the Kidney which have important bearings upon the Physiological Functions of this Organ both in Health and Disease. By Reginald Southey, M.D., Physician to, and Lecturer on Forensic Medicine at, St. Bartholomew's Hospital. (Received January 8th, 1878.)

(*Abstract.*)

The continuous system of the urinary tubules is first described by the author, and traced from their commencement in the papillæ renales up to the Malpighian bodies.

The tubuli uriniferi thus commence in primary excretory oval orifices in the medullary cones, which measure from 0·3 to 0·19 mm. in diameter; the short trunks these open into have no membrana propria, but are set in and bounded by fibrous connective tissue; they each split up into rectangular running branches or gathering mains, and from them perpendicular mounting branches are distributed, which quickly split up again into ascending stems or collecting branches of the third order.

These collecting tubes are: 1st, branches which can be made out to possess a delicate membrana propria, and to be distinctly lined with a low sessile columnar epithelium, and to present lumina.

They measure from 0·0501 to 0·0510 in diameter, and while bifurcating at the margino-medullary level into a number of branches these are all of nearly the same calibre, 0·01‴.

The collecting tubes curl over into the tortuous tube districts, and become the tortuous tubes, enlarging in size considerably, measuring on an averaging 0·0201‴ or 0·033‴, while the epithelium lining their membrana propria nearly fills up their bores. The tubes, however, do not retain their tortuous or glandular characters for long, but turn back into the straight tube columns from which they started, and drop as Henle's down loopers in juxtaposition with the collecting tubes.

These down loopers are the narrowest tubes of all, 0·008‴ to 0·009‴; they are transparent looking, and lined with a flattened pavement epithelium, surmounted by slightly projecting nuclei; they retrace their passage into the convoluted columns, and once again gradually enlarge in diameter, and acquire the attributes of tortuous or secreting tubes proper.

If these diameters and the relation of the secreting system of tubes to the collecting system, the former being directly united to the latter by very narrow midway canals, be considered, it will be obvious that anything like a desquamative shedding of epithelium from the secreting tubes could not pass into the collecting tubes. Further, the size and shapes of all casts are found to correspond with the excretory system of renal tubuli. Their most fertile source Dr. Southey believes to be the collecting tubes or ascending straight tubes of the third subdivision; in these are found the ordinary urate infarcta of newborns, and the granular and fibrinous casts of chronic renal degeneration.

The fine fatty streakings and lime deposits of old persons are seen more strictly limited to the transparent midway channels or down loopers.

The largest old fatty granular casts, which consist of cellular débris, leucocytes, fat dottings, and urinary salts, are doubtless cast or moulded in the gathering mains close to the orifices of the papillæ, but cannot be held to be secretions from the tortuous secreting tubes, deprived, as has been by some supposed, of their epithelial linings. The value of casts in deciding the diagnosis, and estimating the advancement of renal diseases, has been much overrated; their different forms and appearances are derived in part from the materials of which they are composed, but in greater part are due to the length of time during which the gelatinised plugs of fibrinous material derived from the blood serum have resided in the passages whose mould they take, the degree in which they have been soaked with urinary salts and stained with urinary pigments, and become degenerated. After many years' vain search for them, nothing like a desquamative shedding of the epithelium lining the tortuous tubes has ever been observed by the author; and although red and white blood-cells, leucocytes, and escaped nuclei, have been constantly observed in acute nephritis, entangled in fibrinous plugs, the actual linings of the straight collecting tubes, with their low sessile columnar epithelium, have as such never been recognised by him.

To form any clinical inference as to the nature and extent of renal disease from the sediment of the urine and tubal casts is about as unsafe as forecasting the issue of bronchitis or pneumonia by the expectoration; it is not that the casts or the character of the expectorated matters has no clinical value, but they have a relative one only.

In renal disease the casts should be appraised side by side with the diurnal urea excretion, and considered in reference to the quantity of albumen excreted at different periods of the complaint.

II. On Paralysis of the Internal Muscles of the Eye (Ophthalmoplegia Interna), a Group of Symptoms which usually indicate Disease of the Lenticular Ganglion. By JONATHAN HUTCHINSON, Senior Surgeon to the London Hospital, Surgeon to the Moorfields Ophthalmic Hospital, and to the Hospital for Skin Diseases. (Received January 8th, 1878.)

(*Abstract.*)

After briefly alluding to the anatomy of the lenticular ganglion the author stated that its destruction by disease might be expected to be followed by paralysis of three distinct muscular structures—the dilator of the pupil, the constrictor of the pupil, and the ciliary muscle. Under such circumstances the pupil would become motionless, and the patient, losing the power of accommodation, would be unable to read with spectacles. For this condition, involving paralysis of all the muscular structures within the eyeball, the term ophthalmoplegia interna was suggested, whilst that of ophthalmoplegia externa was proposed in contradistinction for cases in which all or most of the muscles moving the eyeball were involved. The author expressed his belief that examples of both these conditions were met with occasionally in practice, and that the features of each were peculiar and of great interest to neuro-pathologists. His conjecture was that when ophthalmoplegia interna existed alone—that is, unattended by paralysis or defect of any of the external muscles of the eyeball—the disease was, in all probability, in the lenticular ganglion itself. In venturing upon this diagnosis as great importance was to be attached to the absence of some symptoms as to the presence of others. If disease existed implicating the nucleus or any part of the trunk of the third nerve, and thus paralysing the constrictor of the pupil, there must necessarily be defect of some of the external muscles of the eyeball.

The paper next proceeded to narrate the details of eight cases in which the condition referred to was present. None

had afforded an opportunity for dissection, and the diagnosis for the present must therefore be held to be conjectural only. It was observed, however, that the cases bore a very close resemblance to each other. In none of them was the patient seriously ill, and in only two were there definite indications of implication of other parts of the nervous system. In none did the disease of the nervous system, whilst the patient was under observation, extend, a fact which might, it was suggested, be in part accounted for by the fact that specifics were used in all. Of the eight cases, in five both eyes were affected. It appeared highly probable that syphilis was in most the remote cause. In three out of the eight there was no history of syphilis, but in none of these were the facts conclusive as to the negative. All the patients were of an age at which syphilitic affections of the nervous system are common. The oldest was 44, the youngest 27. In one case the author had himself attended the patient for severe syphilis four years before the eye symptoms began.

Attention was especially asked to the fact that in many cases the paralysis of the iris preceded that of the ciliary muscle and was almost always in excess of it, and further that under treatment the ciliary muscle might regain its power whilst the iridoplegia persisted. In no single case was the failure of accommodation the first symptom.

A suggestion was made as to the possible association of this group of symptoms with the early stage of locomotor ataxy, especially with that form of it which appears to be connected with syphilis.

April 23rd, 1878.

WILLIAM WOOD, M.D., F.R.C.P., Vice-President, in the Chair.

Present—24 Fellows and 1 visitor.

Books were presented by Dr. H. W. Acland, Dr. George Johnson, Dr. Murchison, and Dr. C. West.

At the commencement of the meeting Mr. Jonathan Hutchinson showed two cases, the patients both men, of progressive ophthalmoplegia externa, with the pupils normal and the power of accommodation perfect. In both cases there was a history of syphilis, and both had had attacks of ptosis. The patients were examples of what Graefe had long ago described as ophthalmoplegia. He remarked that the malady, or rather peculiar group of symptoms, had been lost sight of since Graefe's time, and, in order to distinguish it from the form of eye-paralysis in which the muscular structures within the eyeball suffer, he proposed to add the adjective externa. In this affection all the muscles moving the eyeball suffer together, and usually in both orbits, but in varying degrees. The paralysis is seldom or never complete, but the power of moving the eyeballs in any direction is usually very limited. It is a very remarkable fact that, with this failure of all the external muscles (supplied by the third, fourth, and sixth nerves), the internal muscles (iris and ciliary muscles) often remain active. These facts were illustrated in the two patients. In both the eyelids drooped a little, so as to give to the physiognomy a sleepy look, and in both most of the recti muscles on both sides had to a large extent failed. In both there was the history of almost complete ptosis in the early stage of the complaint. Neither had lost the power of accommodation, and in both the iris continued to act. Both had already been much benefited by treatment with iodide of potassium. In neither was there any implication of the other cranial nerves, whilst in both there was some slight general defect of power in the lower extremities. One man had been liable to fall, and both walked with a slightly unsteady gait. Mr. Hutchinson said that the conjecture was that the disease was central, and that in almost all cases it was due to syphilis. He hoped to have the honour of reading a paper on a group of cases next session, but, fearing that he might not then have it in his power to produce examples, he had ventured to ask the attention of the Society somewhat prematurely to the present ones.

The following communications were read:

I. On a Rare Form of Primary Opacity (Transverse Calcareous Film) of the Cornea. By EDWARD NETTLESHIP, F.R.C.S., Ophthalmic Surgeon to St. Thomas's Hospital. (Received Jan. 22nd, 1878.)

(*Abstract.*)

The disease, a somewhat rare one, has been described by various authors, but chiefly in its local relations. The chief objects of the paper are to draw attention to some points in the natural history of the disease, which may throw light on its causation, and to confirm the statements of earlier writers, especially Dixon and Bowman, as to the good results of local treatment in suitable cases.

A thin film of crystalline, chiefly calcareous, substance is formed beneath the anterior corneal epithelium; it can be chipped off in little flakes, leaving the underlying cornea clear; it is limited to the parts habitually uncovered by the lids, and when complete it forms a broad, nearly transverse stripe, terminating at each end a little within the lateral boundaries of the cornea. The symptoms, as a rule, are very slight, and there are generally no complications, even when the disease is of many years' standing; but sometimes chronic iritis and glaucoma come on, and occasionally ulceration takes place on the diseased patch. It seldom begins in both eyes at the same time, but is almost invariably symmetrical in the end. The film is formed

slowly, and may continue to increase for some years. The disease is one of middle and advanced life, and its subjects, almost without exception, are males. Occupation seems to have no direct influence. The morbid tendencies of the patients, so far as they are at present known, lead the author to suggest that, in regard to causation, excess of uric acid in the blood furnishes the most likely explanation from the constitutional side, though local peculiarities, not at present understood, are necessary as determining causes. Several new cases with naked-eye and microscopic drawings are given. The paper is supplemented by abstracts of all the published cases (fifteen in number) known to the author, and in some of these (recorded some years ago by Mr. Fairlie Clarke) the present condition of the patients has been ascertained.

II. Treatment of Severe Arterial Hæmorrhage from Punctured Wounds of the Throat and Neck, especially considered with regard to ligature of the external carotid artery. By William Harrison Cripps, F.R.C.S., Surgeon to the Great Northern Hospital. (Received Jan. 31st, 1878.)

(*Abstract.*)

The paper discusses the treatment to be adopted in cases of severe arterial bleeding, that have resisted all simple means, and in which operative measures become necessary.

The class of cases includes punctured wounds about the angle of the jaw and through the mouth, hæmorrhage from the tonsils, or from cancer of the tongue or mouth, secondary hæmorrhage after surgical operations, &c.

The treatment usually adopted in these circumstances has been to place a ligature upon the common carotid.

Upon analysis of a considerable number of cases it is found that after this method of treatment rather more than half the patients die.

The causes of these deaths are approximately as follows:

Rather more than 30 per cent. from brain symptoms.
„ „ 30 „ „ recurrence of the bleeding.
„ „ 30 „ „ other causes.

It thus appears that one third of these deaths are directly due to ligature of the carotid, and that in another third of the fatal cases operation had proved useless for arresting the bleeding. The brain symptoms appear to result from the already anæmic brain having a considerable portion of its blood supply suddenly cut off.

Hæmorrhage occurring from the original wound (after ligature of the common trunk) must either be due to the blood coming as a regurgitant stream brought down the internal carotid, or by blood being brought through the fine anastomoses of the terminal branches. Experiments and facts narrated in the paper show that in a certain number of instances the bleeding is due to a regurgitant stream through the internal carotid or to blood brought to the proximal end of the wounded vessel by the inferior thyroid.

A table accompanying the paper shows how the bleeding vessel, wounded in the situation described, has most commonly proved to be the external carotid or one of its branches, a wound of the internal carotid being of rare occurrence.

Having discussed the cause of the high mortality following ligature of the common carotid, ligature of the external carotid about half an inch from the bifurcation is recommended as likely to prove a safer and more efficient method of controlling the bleeding.

The grave danger of cutting off the blood supply to the brain is avoided by this operation, while at the same time the chance of recurrent hæmorrhage is diminished in proportion to the number of instances in which it occurs as a regurgitant stream.

The objections raised to the operation are, firstly—The fear of secondary hæmorrhage from the proximity of large branches. Secondly, that should the wounded vessel prove to be the internal carotid a ligature upon the external would be a useless operation.

The first objection is answered by reference to cases narrated by M. Guyon showing the rare occurrence of secondary hæmorrhage from the external carotid.

The second, by the comparatively few instances in which the wounded vessel has proved to be the internal carotid; moreover, should the mistake occur it is not beyond remedy, for a ligature might still be placed on the common trunk at its bifurcation; on the other hand, no remedy can be found for a patient dying in a comatose condition, caused by obstructing the internal carotid on account of a wound of the external carotid or one of its branches.

May 14th, 1878.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—47 Fellows and 7 visitors.

Books were presented by Dr. Creighton, Mr. H. Fripp, Dr. Henry Green, Surgeon-Major W. H. Harris, Dr. C. West, the Secretary of the London Fever Hospital, and the India Office.

J. Lawrence Hamilton, L.R.C.P.Ed., was proposed for election as a Fellow of the Society.

The Council recommended Sir John Lubbock, Bart., F.R.S., as a fit person to be elected an Honorary Fellow of the Society; and also the following gentlemen as Foreign Honorary Follows:

Professor Guido Baccelli, M.D., Rome.

Noel Gueneau de Mussy, M.D., Member of the Academy of Medicine, Physician to the " Hotel Dieu," Paris.

Professor Friedrich Wilhelm von Scanzoni, Royal Bavarian Privy Councillor, and Professor of Medicine in the University of Würzburg.

Professor Theodor Schwann, M.D., Liège.

The following communications were read:

I. A Contribution to the Pathology of Hæmophilia. By P Kidd, B.A. Oxon., Demonstrator of Practical Physiology at St. Bartholomew's Hospital. Communicated by Dr. Samuel Gee. (Received January 24th, 1878.)

(*Abstract.*)

In this paper a description is given of a case of hæmophilia in a child of six years old, in which fatal hæmorrhage occurred from the mucous membrane of the mouth.

A short clinical history of the case is given, with an account of the post-mortem examination.

The blood was examined and was found to be very watery and to contain a large excess of colourless corpuscles.

A microscopic examination was made of the aorta and vena cava and of that part of the mucous membrane of the mouth from which the fatal bleeding took place. This examination revealed an extensive affection of the small vessels, arteries, veins and capillaries, especially the smallest veins.

This affection, which mainly consisted in a great proliferation of the endothelial cells lining the vessels, was seen in the small

vasa vasorum of the aorta and vena cava as well as in the vessels of the submucous tissue of the mouth.

The coats of the aorta and vena cava themselves were healthy. Drawings are given of the affected vessels, and also of a portion of the surface epithelium of the mouth, which has undergone a peculiar change described at length in the paper.

A certain number of small arteries of the oral mucous membrane have undergone a further change in addition to the endothelial proliferation. This consists in a degeneration of their muscular coat, which is seen to contain only a very small proportion of its normal structural elements.

The conclusion is drawn that in this case there is a general disease of the small vessels. But as the blood was also affected, there still remains the question whether this is primarily a disease of the blood or of the blood-vessels.

II. On the Pathological Traces of Pulmonary Hæmorrhage.

By Reginald Thompson, M.D., F.R.C.P., Senior Assistant-Physician to the Hospital for Consumption (Brompton), and Curator of the Pathological Museum. (Received February 12th, 1878.)

(*Abstract.*)

The traces of pulmonary hæmorrhage most frequently found in the lungs after death are small rounded or ovoid masses which vary in size from a pin's head to a filbert, and vary in colour, according to their age, from a blood red to an ivory white. They are smooth, firm, and tough in texture, and are found to consist of blood-corpuscles, and fibrin, packed closely in the alveoli.

Their position is peculiar, and the special localities which they haunt indicate that the force of inspiration is the active power by which the blood is impacted in the alveoli. Hence these traces indicate hæmorrhage transferred from some other distant part in the lungs.

Their future condition appears to depend upon the absence or presence of other pulmonary disease.

There are other traces which indicate extravasation of blood *in sitû*; in these cases, which are more rarely met with, there is considerable pigmentation of the neighbouring tissue and occasionally laceration.

In either case, whether the blood be transferred from a distance or deposited *in sitû*, softening and elimination may occur, so that a cavity may be the result; but it is very difficult to form an opinion with reference to the relation of these hæmorrhagic deposits and tubercle.

III. The Brain in Congenital Absence of One Hand. By W. R. Gowers, M.D., Assistant Professor of Clinical Medicine in University College. (Received March 26th, 1878.)

(*Abstract.*)

The subject was a man in middle life. The left hand was absent from birth in front of the carpus, the carpal bones being imperfectly developed and united. They were covered with a fibrous capsule, into which most of the forearm muscles were inserted; none of these were absent except the extensor minimi digiti. The ganglia at the base of the brain were equal in size. The convolutions of the frontal lobes were equal in size, including the ascending frontal convolution. The middle third of the ascending parietal convolution on the right side was only half the size of the corresponding part of that on the left. The upper and lower extremities of this convolution were equal on the two sides. Microscopical examination showed no alteration in the structure of the affected part, the smaller convolution having layers of grey substance of the same thickness and presenting cells as numerous and as conspicuous as the other. The only difference was in the extent of the convolution. The other convolutions of the parietal and occipital lobes were equal in size. It was pointed out that the smaller area is precisely that stimulator, which, by the experiments of Ferrier on monkeys, causes movements in the hand which was in this case wanting. The absence of any change in the structure of the convolution might be due to the persistence of all the forearm muscles, or to representation and localisation in the brain being not exclusive, merely preponderant.

IV. Abscess within Thorax, accompanied by Pulsation. By John Topham, M.D. Lond. Communicated by John Marshall, F.R.S. (Received February, 1878.)

Consequent upon a blow from the handle of a mangle, received by a laundress, æt. 21, in March, 1871, a swelling formed at the left upper margin of the sternum. The formation of the enlargement was preceded by pain in the part injured, not felt until six months after the accident. Three months after the pain began the enlargement was noticed, and the patient came under the author's observation exactly twelve months after the date of injury.

There was a hemispherical enlargement at the left margin of the sternum, between the third and fourth ribs, pulsating synchronously with the heart. Both heart sounds were audible through the swelling, the first one being exceedingly faint and accompanied by a blowing murmur. The systolic sound was more audible over the lower angle of the left scapula than in the swelling. The left radial pulse was softer and weaker than the right.

There was no pain, dyspnœa, cough, nausea, or alteration of size of the pupils.

The conclusion arrived at by the author was that the case was one of abscess; but the case was not under his charge, and being supposed to be one of aneurism, the patient was confined to bed in an infirmary during the greater part of three years, during which time the enlargement became gradually larger. At the end of six months both sounds of the heart became audible in the back. Pressure did not in any way change the size of the swelling. Over the most prominent part the skin became inflamed. During the night of June 11th, 1876, ulceration having set in, there was a discharge of thick pus, followed by a considerable quantity of cheesy-looking substance, consisting, under the microscope, of large round corpuscles, resembling white blood-corpuscles, or those of pus, or the cells from a lymphatic gland, or a cell derived from rapid proliferation of the glandular epithelium. These were undergoing fatty degeneration. Bacteria, crystals of the fatty acids, cholesterine in plates, glandular films.

At this time both sounds of the heart were audible in the back, the loudest to left of eighth dorsal vertebra, resembling those of fœtal heart *in utero*. Heart's sounds and pulse at wrists irregular, varying between 50 and 60 a minute. Systolic murmur at heart's apex; none at base.

Loud *bruit de diable* in neck. At lower outer edge of sterno-mastoid, loud bruit, with first sound, but louder and of *higher pitch* on the left.

Patient left infirmary, and on March, 1876, the heart was in natural position and sounds natural, but pulsations irregular. Respiratory murmur natural. *Bruit de diable* still present.

Nov., 1877.—There was still occasional discharge from the aperture. She has become a domestic servent, and is able to labour at her employment.

During the whole progress of this case the author and one other were probably the only ones out of a large number of medical observers who did not regard it as one of aneurism.

The abstract of a paper was also read:

On an Anatomical Remedy against Respiratory Obstruction from the Tongue, Epiglottis, and Velum Palati, in threatened Apnœa from Anæsthetics and other causes.

By Benjamin Howard, A.M., M.D., formerly Lecturer on Operative Surgery in the Medical Department of the University of New York, late Professor of Surgery and Surgeon in the Long Island College Hospital, New York State.

The object of this paper is to give the results of various and repeated examinations and experiments. The facts to be presented confirm the alleged respiratory obstruction from the tongue, epiglottis and velum palati in apparent death, in the ordinary supine position, and show how such obstruction is promoted by the customary flexion of the head and neck. That traction upon the tongue, however firm, may open the pharynx its retreat had closed, but nothing more; the epiglottis remains unlifted.

Other facts are then presented, proving how by simple position all these obstructions are instantly and simultaneously removed. The position consists in elevation of the thorax and complete extension backward of the head and neck.

By this means the line of gravitation of the tongue is shifted from the back of the pharynx to the hard palate at or about its junction with the soft palate. The entire posterior wall of the pharynx is shifted backward, its anterior wall is shifted forward; thus its antero-posterior diameter, as much as is possible, is throughout increased, while by the shifting upward and backward of the nares their entrance is brought more directly over, and in a line with, the course of the pharynx.

The larynx being pulled downward and forward by the sterno-hyroidei muscles and fixed there, the extensive motion upward and backward of the lower jaw puts upon the stretch the genio-hyoidei, mylo-hyoidei and anterior bellies of the digastric muscles, causing the hyoid bone and, by means of the hyo-epiglottic ligament, the epiglottis to share together the motion of the jaw. Thus, the epiglottis is instantly made vertical, the thyroid insertion of the palato-pharyngei muscles being brought downward and forward by the sterno-thyroidei and fixed; the palato-pharyngei muscles are put upon the stretch in their whole length by the movement upward and backward of the head in extension, and thus the posterior pillars of the fauces, the arches of the palate, and velum palati, into which latter membrane they are inserted, are all pulled downward and forward; they are thus made tense and kept so. The velum thus stretched some distance in front of the back of the pharynx, a post-oral airway is secured, from which the tongue is doubly excluded.

Hitherto, in the treatment of apnœa or asphyxia the tongue has been withdrawn only in those exceptional cases where a surgeon with forceps has been present. The means of complete elevation of the epiglottis in apnœa have been hitherto unknown. The position described removes both these obstructions without assistant or instrument. The author, from the facts given and from other experience, urges that always in the induction and condition of anæsthesia the head be kept lower than the shoulders; also states that complete extension backward of the head and neck should be the first and instant measure in threatened or actual apnœa, both as a remedy and as the first step towards success in artificial respiration.

The withdrawal of the tongue, when practicable, the author considers highly advantageous, though not necessary, but it should be accompanied with as little lowering of the lower jaw as practicable.

Finally, the author is glad to believe that this simple way of managing the epiglottis and of securing an unobstructed post-oral airway to the glottis as above described will be found to be an addition to medical science and to the professional and public means of saving human life.

May 28th, 1878.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—23 Fellows and 2 visitors.

Books were presented by Dr. Bucknill, Mr. Coover, Mr. Reginald Harrison, Dr. C. Kelly, Mr. W. K. Levier, Mr. A. H. Newth, Dr. Julius Pollock, Dr. W. T. von Renz, and the Royal Institution.

The following communications were read:

I. Notes on the Spirillum Fever of Bombay, 1877. By H. V. CARTER, M.D. Lond., H.I.M.'s Indian Army. Communicated by JOHN HARLEY, M.D. (Received February 12th, 1878.)

(*Abstract.*)

The author begins by expressing his conviction that by means of the clinical thermometer and microscope it has now been demonstrated that the new Bombay fever is identical with the famine fever, relapsing fever or recurrent typhus of Europe, and he insists upon the importance of this fact. Proofs are arranged as being derived from the natural history of the epidemic (*a*), from the symptoms noted (*b*), and from the pathology indicated (*c*), as follows :—1. The rather abrupt appearance of a malady evidently connected with unusual and excessive want, fatigue and over crowding; its spread with the increase and subsidence with abatement of these hygienic defects. 2. The remarkable resemblance, in clinical character, of this new malady with the

relapsing fever of Europe, a resemblance so close as of itself to be decisive of actual identity. 3. As a special feature, the invariable presence in the blood, during pyrexia, of a minute parasite, which, so far as known, is peculiar to one form of fever only—viz., the relapsing. It is also noted as significant that the new fever has raged most at that season of the year when there is least malaria, and has declined when remittents commonly begin to appear. Quinine, does not check its course. The first or natural history proof will be developed hereafter, but it is already apparent (in the author's estimation) that this epidemic arose contemporaneously with the excessive afflux of famine-stricken people; that as the pressure of immigration augmented, the "fever" death-rate rose; and, lastly, that contemporaneously with diminished influx and with active deportation of families to relief-centres in the interior, this comparative fever mortality began to decline, though had it been due to malarious influence alone the reverse would have been the case. And with regard to the influence of defective sanitation, there is no evidence that Bombay was in a worse state than previously, and, besides, relapsing fever does not arise from filth.

Most stress is, however, laid upon the proved identity of symptoms and pathology, and in proceeding to discuss these reasons are given for introducing the designation "spirillum-fever"—the word spirochæte not lending itself so well—and occasion is taken by the author to acknowledge the valuable co-operation of Drs. Succaram Arjoon and Anna Moreshwar K., of the Jamsetjee Jejeebhoy Hospital, Bombay. Some general observations follow, the sources of information being a camp of refuge and two large hospitals of which the author had charge at different times; in all some 900 cases of "fever" of all kinds, and taken without selection, have been examined, and of these about 350 were demonstrated to be instances of spirillum-disease; about the same number of cases (chiefly malarious) did not show the parasite, and the remainder were not microscopically scrutinised; they were the milder, obscurer, and mostly sequelar instances. Upon full consideration, the author concludes that upwards of one half (it may be more) of the sickness in Bombay was due to the famine-fever. From the data now alluded to it was evident that malarious fevers were to be infallibly distinguished by the absence of the spirillum; but the author admits he had no previous conception of the variety of form and degree the parasite-fever may assume; it might, indeed, like the malarious, be regarded as an order or genus of specific fevers. As to its analogies with the last-named group, secondary or later paroxysms may closely resemble "intermittents" or aguish attacks, and as the blood-parasite may or may not be found in such brief exacerbations, it is evident that much difficulty may be felt in deciding upon their real character. Here experience in India quite accords with that in Breslau and Petersburg (for example), and different explanations may be offered, the author alluding to an instance he has met with of ague-like fever being attended with a spirilloid blood-parasite. The more important question of the relationship of the spirillum-fever with "remittents" is then briefly discussed; first paroxysms always, and relapses frequently, are marked by the presence of the blood-spirillum, whilst this will be vainly sought for in pure remittent attacks. If the former present a persistent pyrexial state it may be either "continuous" or "remittent," in Bombay it was, perhaps, as often one as the other. It sometimes happens that the apyretic or free interval is so filled up with daily changes of temperature that the date of relapse is not evident in the chart; if not due to local complications, there may here be addition of a remittent or, as the author thinks, not unlikely of veritable "typhus," and by means of the microscope it will always be possible to demonstrate the occurrence of a relapse even under these circumstances. When detected our prognosis may be more favourable than it otherwise would have been. Symptomatic fevers as complications are next alluded to, and lastly the author expresses his concern that "remittent" fever continues to be the official name of a malady so distinct, in important respects, as the spirillum or relapsing fever. Instances of *typhus icterodes* and "hæmorrhagic" typhus are then mentioned in which the blood parasite was found, as it has been in Europe; it has not been found, however, in enteric fever (with a very doubtful exception), varicella, elephantoid fever (where the *filaria* was detected), and every other ordinary febrile ailment concurring with the specific. Some general remarks on "fever" follow, and the course of future enquiry is suggested.

Symptoms, mortality, etiology.—The value of a thorough acquaintance with all stages of the spirillum-fever is insisted upon, because only by this means can obscure or late instances be understood. The entire correspondence in symptoms of an ordinary attack of the relapsing fever of Bombay with that of Europe is pointed out, the author adverting to his own illness in part proof, and due prominence is given to this important identification. Instances in which no relapse occurred are particularly mentioned; they were 25 per cent. of all recovered cases, but if fatal ones be added of persons dying during or just after a first paroxysm then the proportion of instances showing but one febrile exacerbation rises to 40 per cent. Upwards of one half of all recovered cases show one relapse; 6 per cent. two relapses; 5 per cent. three, and 2 per cent. four relapses. The mean duration of the first attacks and intervals was seven to eight days, with a rather wide range; relapses last a shorter time; no difference was noted between an abortive and a relapsing attack, or any fixed relation between the severity of first and second paroxysms. Repeated attacks of the spirillum-fever in the same individual, at long intervals, were well known in Bombay.

Individual symptoms next come under review; prodromata may be wanting, although the spirillum be found within an hour of the initiatory chills of a first attack; they are commonly absent before relapses; jaundice, delirium and the typhoid state, and protracted convalescence, were more frequent than usual in Europe; abortion occurs in pregnant women, and was early recognised; hunger as a symptom was sometimes seen.

Mortality.—As based upon hospital statistics, this may be estimated at 10 per cent.; it was greatest at the height of the epidemic; but latterly several deaths have occurred in cases offering typhus symptoms, which have caused a somewhat increased death-rate; the author estimates the rate in ordinary fevers (mostly malarious) as double the above, and in remittents as treble, during the same period. Three fourths of deaths from spirillum-fever take place near the close of the first paroxysm and during the early part of the following apyretic interval.

Anatomical lesions.—Excepting that of the blood, none is absolutely peculiar to this fever, and none is invariable; the commonest changes were enlargement of the spleen (nineteen times in thirty-seven autopsies), also fibrinous infarcts (eight), and softening (three); enlargements of the liver (seventeen times in thirty-seven autopsies); fatty degeneration (sometimes acute) of the gland-cells of liver, kidneys and spleen was noticed, but not of the heart-muscle; hæmorrhages in the arachnoid and other serous membranes and in the intestinal mucous membrane.

Etiology.—The influence of age, sex, season, occupation, pass under notice; the remarkable limitation of the epidemic to the indigent and those nearest them is pointed out, the middle and upper classes having virtually escaped. The origin of this fever *de novo* from want, may seemingly occur, yet it cannot be the usual mode of origin, and contagion as a means of spreading the disease must be admitted; the author's own case is in point here. Rabbits and pigeons resisted inoculation of infected human blood.

Adverting to the sanitary and hygienic condition of Bombay in 1877, the author then turns to the year 1864, where from a wholly different cause—viz. excessive prosperity—the town became dangerously overcrowded, and an epidemic of fever broke out, which was clearly contagious, and by good authority was compared with typhus; whether at that time relapsing fever also occurred is now unknown, but the author is inclined to believe that the latter is not a new disease in this presidency.

The remaining portion of the notes is occupied with a description of the spirillum (spirochæte) and other blood-elements detected in this most interesting disease, during the many hundred observations which have been made in Bombay. The method of procedure is described; the different states in which the blood-parasite is seen, and although nothing particularly new has been made out, yet the author has had the satisfaction of finding that his independent experience entirely corresponds with most of that collected, during recent years, in Europe, and he regards this identification of the spirillum-fever as a substantial addition to our previous knowledge.

II. Sequel to the Case of Aneurism of the Aorta and Innominate, Subclavian and Carotid Arteries, treated successfully by Double Distal Ligature. By RICHARD BARWELL, F.R.C.S., Surgeon to the Charing Cross Hospital. (Received April 2, 1878.)

(*Abstract.*)

Robert Watson was exhibited to the Society on Nov. 13th when the paper entitled as above was read. Nov. 14th, he left the hospital.

Nov. 20th.—He came to the hospital on formal business, and, as he was suffering from bronchitis, Mr. Barwell persuaded him to remain. He was very intractable, and not being allowed brandy, left.

22nd.—Walked home (about two miles) very thinly clad through snow and sleet; sat four hours in wet clothes without a fire; became rapidly worse, and died Nov. 24th.

25th.—Post-mortem. The aneurism, which appeared solid, removed together with heart and great vessels. No other disease discoverable, except very acute bronchitis (muco-pus in large and small bronchi), hypostatic pneumonia, and œdema of lungs. Blood in arterial system dark, like that of veins.

Examination of aneurism and of great vessels.

The tumour, rather larger than a tennis-ball sprang from the junction of the first and second parts of the aorta; its pressure had altered the course and relations of the trachea and œsophagus; the large veins also were peculiar. It was remarkably hard and firm. At its upper part it was elongated into a subsidiary enlargement, which lay in the neck, and was in front divided from the rest of the aneurism by a groove marked in it by the clavicle. The back of the sac was moulded on the apex of the lung. The sac was laid open from behind forward; there was within it still persistent a globular cavity, perhaps an inch in diameter; this was surrounded by a very firm clot of variable thickness in front, close to its opening into the aorta; it was rather more than one third inch thick, behind one and a half inch. The subsidiary tumour was quite obliterated, so that here the clot was over two inches thick. No vessel opened out of the aneurism, the innominate being, like the right subclavian and carotid, obliterated; the left vessels came off from the aorta itself below the mouth of the aneurism.

The specimen shows that the tumour had greatly shrunk since the operation; that the whole tumour was as much filled as could be expected in the time; that had the man chosen to remain in the hospital, or been moderately prudent, the whole cavity must almost of necessity have become obliterated, since the aneurism, so thickened by hard clot, could neither have enlarged nor burst; and since there was no thoroughfare within the sac, there could have been no blood stream through it. In fact, though the man, by his own perversity, contracted an intercurrent fatal disease, the aneurism was to all intents and purposes cured.

III. Two Cases of Intussusception, in one of which Abdominal Section was performed. By C. HANDFIELD JONES, M.B. Cantab., F.R.S., Physician to St. Mary's Hospital, and HERBERT W. PAGE, M.C. Cantab., F.R.C.S., Assistant Surgeon to St. Mary's Hospital. (Received March 26th, 1878.)

(*Abstract.*

Two cases are recorded, patients of Dr. Handfield Jones, in St. Mary's Hospital. The first, a harness maker, æt. 60, admitted May 12th, 1874, had, although enjoying good health, passed blood per rectum for the previous twelve months. On May 5th he was seized with abdominal pain, and then passed a teacupful of clotted blood. The pain became constant after May 8th, and when admitted a tumour was found in the cavity of the bowel, round which the finger could be passed, and there was dulness in the left flank, with constipation.

He was examined on the 21st, with a view to operation, but the surgeon, now no longer among us, concluded there was cancerous disease, having brought away a portion of growth on the finger. The man died on the 23rd. Extensive peritonitis was found *post mortem*, and a large invagination projecting into the rectum, which could be reduced with ease, and there was no cancer. Regret is expressed at the delay and mistake in diagnosis, as operation might have easily relieved the condition, and perhaps have saved life.

The second case presents features of great interest and rarity. A boy of 5, admitted December 31st, 1877, with a history of having lost flesh, and been very ill for six weeks. He had severe paroxysms of pain in the abdomen, varying much in frequency, and with some diarrhœa. He improved during the first few days, but on January 14th, he had more pain and there was dulness on percussion in the left flank. This condition increased, and on the 20th, the child being very ill, and there being a distinct hard lump in the left iliac fossa, inflation was performed per anum, and was followed by a rapid subsidence of all the urgent symptoms. His state continued very variable from day to day until February 4th, when the tumour again appeared and was a second time relieved by inflation. On February 11th, for a third time, and again on February 16th, the tumour reappeared, and was removed by inflation; and on February 25th, the operation was again repeated, for the fifth time; this caused the disappearance of the tumour, then much larger than before, and both seen and felt in the left iliac fossa. He was taken out of the hospital by his parents on February 27th, with a warning that a recurrence of the disorder was almost certain. Readmitted on March 4th, in an alarming state, the symptoms having returned two days before. A large tumour was now felt, reaching from the iliac to the umbilical region, and inflation when performed in the afternoon only changed its position—did not make it disappear. The child continued in great pain, and in the evening inflation was again tried, and failing, water was injected, but without success. On the following day he was much worse, and at 5 p.m., when pulseless and collapsed, he was seen by Mr. Page, who at once performed abdominal section. The tumour was so large that it was necessary to prolong the incision above the umbilicus and to remove the small intestines from the abdominal cavity. Traction on the upper end of the volvulus was only successful in the extrication of about two inches of ileum, and an attempt to draw off the ensheathing part at the lower end was frustrated by the presence, then discovered, of a second and lower intussusception of the colon, in which the order of parts was reversed, the inferior portion being ensheathed in the upper, which thus became the ensheathing part. The two volvuli met and overlapped each other at their extremities, and it became necessary to reduce the backward intussusception before the ordinary invagination could be relieved. Owing to the great distension of the bowel and slight adhesions at the point of the intussusception this was a work of much difficulty, and was only accomplished by considerable force. The upper or more usual invagination was then reduced with great ease, by gently squeezing the lower end of the volvulus, an action which simultaneously drew off the ensheathing, and pushed out the ensheathed part of the bowel, the vermiform appendix being the last to appear. There was some visible congestion and thickening about the cæcum, but no general peritonitis or adhesion. The operation, of which a detailed account is given, lasted an hour and a quarter. The child considerably rallied after it, but died exhausted the following morning, having lived 9¾ hours. At the autopsy the lips of the wound were found adherent. There was commencing peritonitis of the small intestines, but none of the large bowel. At a point corresponding with the upper limit of the volvulus the mucous membrane of the ileum was swollen and greatly congested, and that near the vermiform appendix was much the same. The meso-cæcum was so lax as to allow of the cæcum being drawn over the left iliac fossa.

The method of reducing the upper volvulus is specially referred to as confirmatory of Mr. Hutchinson's experience, recorded in the 59th vol. of the 'Transactions,' that pulling down the ensheathing part rather than pulling out the ensheathed part is the true mode to pursue.

Reduction of the backward intussusception was rendered most difficult from the slight adhesions at its furthest end and from the great hyperdistension of the gut, and although accomplished without damage to the structure of the bowel, it is thought that such force as was requisite might itself have been dangerous.

Reference is made to the long continuance of pain before any definite appearance of tumour, and it is suggested, as an explanation of the cause of intussusception, that the pain and the subsequent motor derangement must be ascribed to a functional disorder of the abdominal nerves and ganglia, a relaxed state of a lower segment certainly favouring the intrusion of an actively contracting part above. It is therefore most probable that the essential condition of an intussusception is a local paralysis of a portion of the small intestine, which becomes the sheath of the volvulus. Neuralgic pain in other parts is associated with motor paralysis, and probably is so in the abdominal organs. At the same time the laxity of the meso-cæcum may throw light on a predisposing cause of the intussusception.

The second or ascending intussusception forms a very remarkable feature in the case, the existence of a single instance of such a condition having been called in question by no less an authority than the late Dr. Brinton. The absence of peritonitis and adhesions after so many recurrences, and the presence of slight adhesions only when the child was taken home, and when there was long delay in resorting to inflation, shows how necessary it is that this treatment should be had recourse to as soon as intussusception is evident; while the state of the mucous membrane, although the serous surface of the bowel may be free from inflammation, points out the imperative need of surgical interference at the earliest possible moment, after other means have failed to give relief.

IV. A Case of Fatal Purpura, following the administration of a single dose of Iodide of Potassium to an infant, the subject of Congenital Syphilis, with remarks upon Syphilitic and Iodic Purpura. By STEPHEN MACKENZIE, M.D., Assistant-Physician to the London Hospital, Joint Lecturer on Pathology at the London Hospital Medical College, &c. Communicated by JONATHAN HUTCHINSON, F.R.C.S. (Received April 9th, 1878.)

(*Abstract.*)

An infant, aged five months, the subject of well-marked congenital syphilis, had prescribed for it a mixture containing iodide of potassium in two and a half grain doses. About three-quarters of an hour after taking the first and only dose, the child's face was noticed to "turn black"; and, this rapidly increasing, it was brought to the London Hospital, three hours after taking the medicine. When first seen the whole of the face was swollen, of a purplish-black tint, the eyelids closed from extravasated blood, the lips and chin tensely swollen, and of an almost black colour. The cheeks were discoloured by aggregated patches of purpura. There were a few spots on each arm, but at this time none elsewhere. There were also scattered over the body a few abortive pustules. While the patient was watched the purpuric patches perceptibly increased in size, until, in the course of an hour or so, the scalp and face were fairly covered. The next day the whole face was swollen, and of a port wine colour, and there were purpuric spots on the arms and legs. The extravasated blood underwent some changes of colour, and parts of the skin of the face became necrosed in the course of this and the following day. The child died sixty-eight hours after taking the medicine. The *necropsy* showed characteristic signs of syphilis, and ulceration of the intestines.

The previous medicines the child had been taking were procured and analysed. They were free from iodine. From the quantity abstracted from the bottle containing the iodide of potassium it was certain that not more than two and a half grains had been given to the patient. The author stated that, as purpura was known to occur in connexion both with syphilis and the ingestion of iodide of potassium, it was necessary to review what was known concerning syphilitic and iodic purpura. He especially referred to cases of the former recorded by Wilson Fox, Bälz, and Behrend, and others observed by himself. As regards iodic purpura, he alluded to the writings of Fournier, Van Buren, Bradbury, and Sydney Ringer, and to cases he had himself seen. His conclusion was that in his case the fatal purpura was due to the iodide of potassium, though the syphilitic dyscrasia under which the patient was labouring may have contributed to the result.

At the close of the meeting Dr. Gowers exhibited a new sphygmo-cardiograph.

The instrument is a sphygmograph so arranged that tracings can be taken with equal facility from either the heart or pulse. The chief novel feature in it is the mode in which the pressure is varied. A second spring slides down over the first, being moved by a rack and pinion, and the extent of movement of this second spring at once regulates and indicates the pressure. A graduation of the pressure in ounces is marked on the sides of the frame, and the pressure exerted in any case is that number of ounces to which the end of the spring corresponds. The adjustment can be effected from either side. For use as a cardiograph, the knife edge is movable. In actual use the instrument has been found to be accurate and convenient, and it is certainly simpler and less liable to derangement than any form of sphygmograph yet made. A series of tracings taken with it were exhibited. Those from the pulse at various pressures show that the second spring at considerable pressures does not, as might have been feared, lessen unduly the extent of motion. Among the tracings from the heart were some from the left ventricle, the left auricle, and the pulmonary artery; the latter, it is believed, is the first tracing from the pulmonary artery which has been taken.

PROCEEDINGS OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.

Tuesday, October 22nd, 1878.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—64 Fellows and 10 visitors.

Books were presented by Dr. Aveling, Mr. Richard Barwell, Dr. J. R. Chadwick, Mr. T. B. Curling, Dr. G. J. Engelmann, Mr. J. E. Erichsen, Dr. G. H. Evans, Sir Joseph Fayrer, Dr. Wilson Fox, Dr. Habershon, Dr. Graily Hewitt, Mr. Luther Holden, Mr. Jonathan Hutchinson, Dr. E. Lancereaux, Mr. Jas. R. Lane, Mr. John Marshall, Baron F. von Mueller, Dr. Murchison, Dr. J. Rendu, Dr. E. C. Séguin, Mr. Johnson Smith, Mr. James Startin, Mr. E. W. Streeter, Dr. Gaillard Thomas, Dr. E. J. Tilt, Mr. W. J. Walsham, Prof. A. Wasseige, Dr. C. West (President), Mr. Erasmus Wilson, and Dr. Yandell; also from the Royal Society, the Zoological Society, the Royal College of Physicians, the Royal College of Surgeons, the Medical Council, Guy's Hospital, St. Thomas's Hospital, the London Hospital, St. Mary's Hospital, the India Office, the Quekett Microscopical Club, the Institute of Chemistry, and the Registrar General; the "Société Clinique" of Paris, the Bavarian Academy of Sciences, the American Medical Association, the American Gynecological Society, the California Geological Society, the Boston City Hospital, and the Board of Health of Massachusetts.

Donald Wm. Charles Hood, M.B., was admitted a Fellow of the Society.

John Arnold, M.R.C.S. (Trinidad), and Henry Gervis, M.D., were proposed for election.

The Report was then read of the Scientific Committee appointed to examine into the relations existing between the diseases commonly known respectively as membranous croup and diphtheria. Members:—Dr. Dickinson (Chairman), Drs. Fagge, Gee, Payne, and Semple, Mr. Howse, and Dr. Greenfield (Acting Secretary).

The Secretary (Dr. JAMES ANDREW) first read the summary of the conclusions at which the Committee had arrived, and then selections from the Report in detail.

Summary of Conclusions.

1. Membranous inflammation confined to, or chiefly affecting, the larynx and trachea may arise from a variety of causes, as follows:

A. From the diphtheritic contagion.

B. By means of foul water or foul air or other agents, such as are commonly concerned in the generation or transmission of zymotic disease (though whether as mere carriers of contagion cannot be determined).

C. As an accompaniment of measles, scarlatina, or typhoid, being associated with these diseases independently of any ascertainable exposure to the special diphtheritic infection.

D. It is stated on apparently conclusive evidence, although the Committee have not had an opportunity in any instance of examining the membrane in question, that membranous inflammation of the larynx and trachea may be produced by various accidental causes of irritation,—the inhalation of hot water or steam, the contact of acids, the presence of a foreign body in the larynx, and a cut throat.

2. There is evidence in cases which have fallen under the observation of members of the Committee, and are mentioned in the tables appended, that membranous affection of the larynx and trachea has shortly followed exposure to cold, but their knowledge of the individual cases is not sufficient to exclude the possible intervention or co-existence of other causes. The majority of cases of croupal symptoms definitely traceable to cold appear to be of the nature of laryngeal catarrh.

3. Membranous inflammation, chiefly of the larynx and trachea, to which the term "membranous croup" would commonly be applied, may be imparted by an influence, epidemic, or of other sort, which in other persons has produced pharyngeal diphtheria.

4. And, conversely, a person suffering with the membranous affection, chiefly of the air passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which will be commonly regarded as diphtheritic.

It is thus seen that the membranous affection of the larynx may arise in connection with common inflammation or with specific disorders of several kinds, the most common of which in this relation is that which produces similar change elsewhere, and is recognised as diphtheria.

In the larger number of cases of membranous affection of the larynx the cause is obscure (*i.e.* in any given case it is difficult to predicate the particular cause in that case).

Among those in which it is apparent common irritation seldom presents itself as the source of the disease, accidental injury is but very infrequently productive of it. But few cases of undoubted origin from exposure to cold are on record.

On the other hand, in a very large number of cases infective or zymotic influence is to be traced.

The membrane even when chiefly laryngeal is more often than not associated with some extent of a similar change in the pharynx or in the tonsils, and whether we have regard to the construction of the membrane, or to the constitutional state as evinced by the presence of albumen in the urine, it is not practicable to show an absolute line of demarcation (save what depends upon the position of the membrane) between the pharyngeal and laryngeal forms of the disease.

The facts before the Committee only warrant them in the view that when it obviously occurs from a zymotic cause or distinct infection and primarily affects the pharynx, constitutional depression is more marked, and albuminuria more often and more largely present, though in both conditions some albumen in the urine is more frequently present than absent.

The most marked division indicated by the facts before the Committee is that between membranous and non-membranous laryngitis.

The Committee suggest that the term croup be henceforth used wholly as a clinical definition implying laryngeal obstruction, occurring with febrile symptoms in children. Thus, croup may be membranous or not membranous, due to diphtheria or not so.

The term diphtheria is the anatomical definition of a zymotic disease, which may or may not be attended with croup.

The Committee propose that the term membranous laryngitis should be employed in the avoidance of confusion, whenever the knowledge of the case is such as to allow of its application.

W. Howship Dickinson, Chairman.
C. Hilton Fagge.
Samuel Gee.
J. F. Payne.
H. G. Howse.
R. H. Semple.
W. S. Greenfield, Secretary.

The President, in moving the thanks of the Society to the authors of the Report, addressed the meeting on some of the special points of interest mentioned in it, and after a short discussion, in which Dr. Semple, Dr. Semon, Mr. Humby, Dr. Coupland, Dr. Habershon, Dr. Miller Ord, Dr. Dickinson, and Dr. Greenfield took part, it was proposed by Dr. Habershon, and seconded by Mr. T. Holmes—

"That the further consideration of this Report be postponed to a future meeting of the Society to be fixed by the Council, by whom also the necessary arrangements for the consideration of the Report by the Fellows will be settled."

Which proposal, on being put from the chair, was carried unanimously.

The Society then adjourned.

November 12*th*, 1878.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—34 Fellows and 6 visitors.

Books were presented by Mr. Lennox Browne, Dr. L. D. Bulkley, Mr. T. B. Curling, Mr. Alban Doran, Dr. Farquharson, Mr. Fred. James Gant, Mr. F. Mason, Mr. John Marshall, Dr. Wasseige, Dr. Whitmore, the Clinical Society, the Bristol Medico-Chirurgical Society, and the India Office.

Mr. William Henry Bennett was admitted a Fellow of the Society.

The following gentlemen were proposed for election as Fellows of the Society:—Edward Amphlett, M.B., F.R.C.S., Herbert Watney, M.D., and Henry Thornton Wharton, M.A.

The President laid a copy of the volume of the 'Transactions' for the past session before the meeting, and announced that it would shortly be in the hands of the Fellows.

The President also announced that the Council had decided that the Report of the Croup and Diphtheria Committee should be printed *in extenso,* and be circulated among the Fellows of the Society in order that its contents might be fully placed before the Fellows before a discussion was taken upon it.

The following communications were read:

I. A Case of Morphœa. By George Gaskoin, Surgeon to the British Hospital for Diseases of the Skin.

(Received March 26th, 1878.)

Abstract.

This case exhibits in no ordinary proportions, and in multiplied manifestations, the *morphœa alba tuberosa* as described by Wilson, the *dartre de graisse* of Retz. Equally prominent in the case are certain black *maculæ,* which lie somewhat apart from the former, and are, it would seem, in no direct relation to it. They are generally orbicular where they have not coalesced, and they are bounded by a sharp outline. There are none of smaller dimensions. Leucoderma is also present in a few *areæ,* with another contour from that of the tuberous morphœa. The

complaint affects the head and trunk and upper portion of the limbs.

It is asymmetric. It occurs in a young female, and has existed many years. The origin of the complaint is probably traumatic. It is altogether an indigenous case.

II. On the Condition of the Skin in Tinea Tonsurans.

By **Fred. Taylor**, M.D., Assistant Physician to Guy's Hospital. (Received May 11th, 1878.)

Abstract.

The subject of the disease died of tubercle of the cerebellum after a long illness, and the ringworm was only partially treated. A portion of the scalp was hardened in alcohol and chromic acid, and sections were stained in logwood and picrocarmine.

The results of the examination are as follows:—Numerous hairs are affected by the fungus, some in an early stage, others in an advanced stage. In the former the hair retains its form, and has within it simply a varying number of mycelium-threads running parallel to its length. In the later stage the hair is obscured by a crowd of spores closely packed in the follicle, in the middle of these the outline of the hair is seen, but its substance seems to be completely destroyed or replaced by mycelium-threads running in a longitudinal direction.

In a downward direction the fungus does not reach beyond the upper end of the bulb of the hair. The hair papillæ are never invaded.

Laterally, the spread of the fungus is limited by the inner root-sheath, with which in advanced stages the spores are in contact. The integrity of this sheath is maintained even where the follicle is choked with spores. The outer root-sheath never shows any trace of fungus, nor do the follicle-walls, subcutaneous tissue, cutis, and mucous layer of the epidermis.

So much of the horny layer of the epidermis as remains in

these specimens shows no fungus, even in the immediate neighbourhood of diseased hairs.

The diseased hairs are not twisted or broken as in Dr. Thin's specimens (paper read before the Society, March 26th, 1878), nor are any but the merest traces of inflammatory action present.

From these results it would appear that the fungus invades the hair proper, and advances in its substance down towards the bulb; that it never advances far into the bulb, or attacks such tissues as the root-sheaths, that its growth in the follicle is determined by the supply of hair from the papilla, the freshly formed soft cells resisting its action until in their turn they assume the characteristics of the proper hair substance; that should the papilla fail to form new hair-cells, the fungus must shortly starve.

With reference to treatment, epilation cannot ensure the extraction of the fungus, as the hair will give way in the shaft leaving the mycelium-threads near the bulb, ready to advance on the new cells as they become hair.

On the other hand, the natural fall of the hair, or the same fall, could it be artificially induced, would by separating the hair at the papilla, effectually turn out the whole disease, reinfection of the new hair being prevented by the contraction of the follicle-walls around the retreating stump.

III. The Nature of Iodide of Potassium Eruption. By GEORGE THIN, M.D. (Received October 28th, 1878.)

Abstract.

The paper gives the results of a microscopic examination of a portion of skin which was the seat of a bullous eruption occurring in a patient who had been taking iodide of iron and iodide of potassium for three months for constitutional syphilis.

The patient, a man æt. 35, the subject of renal and mitral regurgitant disease, was, when he died, under the care of Mr. Howard Marsh at St. Bartholomew's Hospital. He ceased to

take the iodide on May 10th, the eruption came out on the 13th, he was admitted into the hospital on the 18th, and died on the 22nd. The eruption occurred in the form of bullæ and pustules on the face and on the dorsum of the right hand. Its nature was recognised by Mr. Marsh, Mr. Baker, Mr. Langton, and Dr. Crocker. The part examined was from the dorsum of the hand.

The cutis under the bullæ presented three distinct areas of marked change. The central area was composed of a structureless, almost homogeneous, but faintly granular substance, containing at several points rows of leucocytes; the middle area was composed of a layer of exudation-cells suspended in a very delicate reticulum; the outer area was formed by remnants of connective-tissue bundles separated from each other by wide spaces. There were a few blood-vessels in the second area, and a large number in the third. The vessels were distended by red corpuscles, and their walls were in many instances partially disorganised.

The substance in the central area consisted of coagulated albuminous material from the blood.

The third area was bounded almost abruptly by the ordinary bundles of the connective tissue of the cutis.

The sebaceous glands were unaffected. Portions of blood-vessels in the deeper strata of the cutis, and distant from the bullæ and from the sebaceous glands were found distended and plugged with disorganised blood.

The epidermis over the central area was ruptured and disorganised.

The bulla was formed by injury to the walls of the blood-vessels of a limited area, and by consequent escape of blood-fluid, which displaced the connective tissue, pierced the rete mucosum, and accumulated under the horny layer of the epidermis.

The author points out that the tendency of iodine, when present in the blood-current, to attack special points of the vessels, as has been shown in this case, explains all the varieties of eruption produced by iodine. The injury in its mildest form is shown in the common iodine-acne, in a more severe form in bullous and pustular eruptions, and in its worst form in iodine-purpura. As an explanation of the latter form it is suggested that a portion of the wall of the vessel is so suddenly and completely destroyed that the local changes are limited to effusion of a small quantity of pure blood and to plugging of the vessel.

Amongst various conditions which, it might be imagined, act as causes of the more severe forms of iodine eruption, it is suggested that a sluggish circulation and deficient excretion may find a place, and some such hypothesis might be framed to explain why, in the present case, the eruption only appeared during the week preceding the patient's death.

November 26th, 1878.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—34 Fellows and 7 visitors.

Books were presented by Mr. T. B. Curling, Mr. John Ferguson, M.A., Dr. Greenhow, Mr. T. Holmes, Mr. C. T. Kingsett (per Pathological Society), the Editor of the Medical Times, the Pathological Society, the Quekett Microscopical Club, and the Therapeutical Society of New York; and a collection (in 22 vols.) of old works on Surgery and Surgical Anatomy, and on Tumours of the Breast, was presented by Mr. John Birkett.

The following communications were read:

I. Case of Thyrotomy for the Removal of a Membrane completely Obliterating the Larynx. By Felix

Semon, M.D., M.R.C.P. Lond., Physician to the Hospital for Diseases of the Throat. (Received April 9th, 1878.)

Abstract.

This case is the third ever mentioned in which the operation was performed for the removal of a membrane completely obliterating the larynx. The membrane was formed after an attempted suicide. There was secondary union of the false vocal cords and anchylosis of one arytenoid cartilage. The operation, although unsuccessful, had a great many interesting points, among which might be mentioned—

(*a.*) The practical corroboration of Prof. Stoerck's (of Vienna) statements, that the posterior wall of the larynx, and especially the interarytenoid fold, are apt to produce cough when touched, while the anterior and lateral walls of the larynx are not so irritable.

(*b.*) The discovery that an excess of even equal pressure on the inner walls of the trachea may produce an intense asthmatic attack.

(*c.*) The possibility of determining approximately the thickness of a transverse membrane *completely* occluding the larynx by laryngoscopic examination.

(*d.*) The necessity for making in such cases a *second* examination from the tracheal opening (tracheotomy having been performed before) in order to see whether one has to deal with *several* membranes.

(*e.*) The construction of a modified tampon-canula.

(*f.*) The caution to be used in administering chloroform through a tampon-canula.

(*g.*) The use of artificial light while operating in the cavity of the larynx.

II. Tracheotomy in Membranous Laryngitis: the indications for its adoption, and some special points as

regards its after-treatment. By Robert William Parker, M.R.C.S., Assistant Surgeon to the East London Hospital for Children, Surgical Registrar to the London Hospital. (Received October 22nd, 1878.)

Abstract.

The author begins by expressing his regret that the surgeon is only too often called in after all therapeutic measures have failed, the more so because these measures generally include the use of depressants, which, if not at once beneficial, greatly tend, by their continued administration, to increase the prostration, so often a predominant feature of the disease. He regards recession of the chest wall as a more important indication for tracheotomy than a loud clanging cough, for in the most urgent cases voice and cough are all but abolished, owing to implication of the vocal cords. He advocates the administration of chloroform previous to the operation, and has never seen any ill effects therefrom. The higher operation is preferred as the more easy, especially in children, and the use of a tracheal dilator is advocated in preference to the immediate introduction of the canula. In this manner the tracheal wound is kept open. Then the author advises, as *a matter of routine in every case,* that the trachea and glottis be throughly cleared of all foreign matters, whether membrane or mucus, before the introduction of the tube. For this purpose a feather is usually employed, but any other means may be adopted which the operator may prefer. The feather may be passed downwards towards the trachea and upwards into the larynx and through the glottis. The presence, it was argued, of membrane or inspissated mucus in the larynx above the tube after tracheotomy is often an unsuspected cause of reflex irritation and cough; the surgeon, therefore, ought every now and then to clear out the larynx so long as the patient is unable to do this for himself, and while he has to wear the canula in his trachea the patient is unable to use the natural means, viz. coughing, owing to the fact that all air is diverted from the larynx through the tube. The author advocates the use

of the largest sized tube which can be got into the trachea without the employment of actual violence, and of the shortest that is consistent with safety, and he lays stress on the advantages of the tracheal part of the tube being freely moveable. As regards the curve of the tube, it was stated that the outline should approximate to the Gothic rather than to the Roman arch. In other words, tubes made in the form of quarter circles (the usual form) are not recommended, for it can be shown that such tubes must almost necessarily impinge on the anterior wall of the trachea and so produce mischief. He believes that a large proportion of the troubles which, in past years, have arisen from the use of "rigid" tubes has been caused by "ill-fitting" tubes. Speaking of Mr. Baker's "flexible tubes," the author is rather inclined to doubt the expediency of regarding "flexible" tubes as less likely to produce ulceration than rigid ones, for unless the flexible tubes are made of a suitable curve, they will most probably lead to ulceration just as certainly as, though perhaps less rapidly than, rigid tubes.

The great indication for operation having been the presence of a mechanical impediment to respiration, so the chief object of the surgeon, in the after-treatment, must be to prevent its recurrence. The use of a feather has already been referred to, another important aid is the employment of steam; the amount varies with the individual case, but an excess is in all cases to be avoided.* The less there is of tracheal secretion the more is steam needed, and the converse. Creosote, carbolic acid, benzoin, and other medicaments may be added in order to meet the requirements of various cases. The use of "solvents" is strongly recommended, the most important of these being soda; it may be used in solution (10—20 grains to 1 oz. of water), and ought to be sprayed into the throat from time to time. It is thought to soften membrane and so help its removal, and also to render its re-formation less possible. The author has seldom seen cases in which a fatal result could be traced to the operation itself, pneumonia and collapse being the commonest causes of death.

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* The most useful apparatus for this purpose is the ventilating croup kettle, manufactured by Messrs. Allen and Son, of 64, Marylebone Lane. It supplies not only steam, but fresh and warmed air at the same time.

The paper concludes thus :—Bearing in mind that the operation is undertaken, not as a curative measure but simply with a view to relieve a mechanical impediment to respiration; but seeing, nevertheless, the great frequency with which, *after* tracheotomy, the trachea and larynx, on the *post-mortem* table, are found covered—not to say choked up—with membranous exudation (specimens of which may be found in almost every anatomical museum), the author, as a practical outcome of his paper (and with a view to raise a definite issue for discussion), feels justified in enunciating the following dictum :—The presence of membrane in the trachea in a fatal case of membranous laryngitis after tracheotomy, must be regarded as evidence of the want of due care on the part of the surgeon in charge, just as much as would the presence of a piece of gut in the inguinal canal after herniotomy, or a calculus in the bladder after the operation of lithotomy.

December 10*th*, 1878.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—44 Fellows and 8 visitors.

Books were presented by Dr. Charles Murchison, Mr. Samuel Osborn, Mr. Thomas Sympson, Professor F. Esmarch, and Dr. B. Loewenberg.

Dr. Rustomjee Naserwanjee Khory was admitted a Fellow of the Society.

The following gentlemen were elected Fellows :—Edward Amphlett, M.B., F.R.C.S., John Arnold, L.R.C.P., M.R.C.S. (Trinidad), Richard Davy, F.R.C.S., Henry Gervis, M.D., Herbert Watney, M.D., Henry Thornton

Wharton, M.A., M.R.C.S., and Herbert Foveaux Weiss, M.R.C.S.

And the following were proposed for election :—A. E. Cumberbatch, F.R.C.S., Malcolm Alexander Morris, M.R.C.S., and Alfred Sangster, B.A., M.B.

Sir John Lubbock, Bart., F.R.S., was elected an *Honorary Fellow.*

And the following gentlemen were elected *Foreign Honorary Fellows* :— Professor Guido Baccelli, M.D. (Rome), Noel Gueneau de Mussy, M.D. (Paris), Professor Friedrich Wilhelm von Scanzoni (Würzburg), and Professor Theodor Schwann (Liège).

The following communication was read :

I. Three Cases of Distal Deligation of the Carotid and Subclavian Arteries for Innominate Aneurism. By Richard Barwell, F.R.C.S., Surgeon to, and Lecturer on Surgery at, the Charing Cross Hospital. (Received November 7th, 1878.)

(*Abstract.*)

After referring to a case of innominate aneurism which he had successfully treated by double distal deligation, and which is published in the 'Transactions' of the present year; the author related the case of J. B—, a man, aged forty-eight, who died from the effects of the anæsthetic thirty hours after the operation. The parts showing very large aorto-innominate aneurism were exhibited. This operation was performed on the 6th December, 1877. On the same day, Mr. Barwell tied the same

vessels for Laura G—, aged thirty-seven, who had a pulsating aneurismal tumour perforating the upper anterior walls of the chest on the right side, and also above the clavicle. Except for the aneurism the patient appeared healthy, but extremely nervous and excitable. After the operation no brain symptoms were developed nor any pyrexia, but her progress was fluctuating; the variations appearing to be in part connected with the catamenial period, in part with her mental condition. The patient left the hospital in July, having no tumour, though pulsation from the solidified aneurism communicated by the aorta, could still be felt.

On 10th January, 1878, Mr. Barwell tied the same vessels for Catherine H—, æt. 27, who had a visible pulsating tumour about the size of a small walnut, above and a little outside the sterno-clavicular joint and also intrathoracic aneurism. This patient, rather feeble and extremely nervous, also made a fluctuating recovery. She had no cerebral symptoms and no pyrexia. She left the hospital on the 22nd July, a tumour remaining in the above situation, and though probably not quite, yet nearly (Mr. Barwell believes) solid. The cough and dyspnœa from which she had previously suffered have quite disappeared.

After some remarks concerning the excitability of the vasomotor system, which in these patients always accompanied the menstrual period, the author gave his views concerning the use of catgut as a ligature, and stated his belief that with such material it is advisable to tie the vessels with very moderate force so as not to divide the middle coat. He attributed his success to this mode of tying. The statistics of these operations are as follows: including the subjects of the present paper, eleven cases in all have been thus treated, of these eight have been unsuccessful, all of them dying at various periods from the effects either of the aneurism or of the operation. The case Mr. Barwell recorded last year, and the two now related constitute the three successful ones.

January 14th, 1879.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—33 Fellows and 2 visitors.

Books were presented by Mr. John Birkett, Mr. Thomas Bryant, Dr. Burggraeve, Dr. Dobell, Dr. Matthews Duncan, Mr. Alfred Eccles, Dr. Morell Mackenzie, the Director General of the Medical Department of the Navy, and from St. Bartholomew's and the Middlesex Hospitals. Twenty-three volumes of old works on surgical subjects (duplicates of important and useful books already in the Library) were presented by Mr. John Birkett.

Edward Amphlett, M.B., F.R.C.S., and Herbert Watney, M.D., were admitted Fellows of the Society.

Edmund Owen, M.B., F.R.C.S., Armand de Watteville, M.A., M.R.C.S., and Edward Woakes, M.D., were proposed for election as Fellows of the Society.

The following communications were read:

I. On Disease of the Mastoid Bone. By W. B. Dalby, M.B., F.R.C.S., Aural Surgeon to St. George's Hospital. (Received November 26th, 1878.)

(*Abstract.*)

In this communication three cases are chosen to illustrate the prominent features of the diseases to which the mastoid bone is liable.

In the first case, a purely local irritation without any predisposition in the patient towards cancer had been productive of epithelioma, which, starting from the tympanic cavity, eroded and destroyed in its progress that portion of the temporal bone which includes the mastoid process, the external auditory canal, the tympanum, and a large part of the petrous portion. In this, as in all other recorded cases of malignant disease of the mastoid bone, the lining membrane of the tympanic cavity had been a discharging surface for a considerable period. In the existence of the discharging surface may be found, (according to the writer) the irritation which precedes the new growth.

In the second case, the middle ear having been the seat of inflammation for four weeks, the mastoid cells were opened for the relief of symptoms which were considered to endanger life. In connection with this case the following questions are discussed.

(1.) Under what circumstances should the mastoid cells be perforated.

(2.) When should the case be allowed to proceed till the bone has so far become softened as to permit of the opening of the (so called) abscess by the knife?

The writer considers that this operation is urgently called for, when the symptoms point to the presence of pus within the mastoid cells; that under certain conditions, external evidences such as superficial tenderness, redness, swelling, and considerable œdema should not be waited for; that the fact of the bone being apparently healthy, should not contra-indicate this proceeding which he believes has frequently been the means of preventing cerebral abscess, meningitis, or pyæmia.

In the third case, the whole of the temporal bone of a child was destroyed by ulceration.

The subject of the first case died. The subjects of the second and third lived. Specimens from Nos. 1 and 3 were exhibited.

II. Observations on the Effect of Diet, Rest, Exercise, &c., in Chronic Nephritis. By Edward I. Sparks, M.B.

Oxon., M.R.C.P., and J. MITCHELL BRUCE, M.D. Lond., F.R.C.P. (Received December 4th, 1878.)

(*Abstract.*)

The authors first give a brief description of the case on which their experiments were made, namely, a case of chronic phthisis and albuminuria with severe intercurrent exacerbations. They next show what the relations of quantity of urine, albumen, and urea were to one another in this patient on ordinary mixed diet, and while taking ordinary exercise. The results are then given of experiments with absolute milk-diet, non-nitrogenous diet, excess of eggs, and nitrogenous diet with water respectively, as well as of experiments on the effect of rest and of exercise, and of the administration of digitalis—upon the amount of albumen and of urea, and on the specific gravity and total amount of urine. The conclusions at which the authors arrive, from the results of the experiments in this case, are briefly as follows :—

First, the amount of albumen was reduced by absolute milk diet, and by absolute non-nitrogenous diet.

Secondly, the effect of the milk diet was not merely apparent and due to the albumen being more than ordinarily diluted, for ordinary diet with an equal amount of water did not produce the same result.

Thirdly, eggs in excess did not appreciably reduce the amount of albumen.

Fourthly, the effect of a non-nitrogenous diet was decided, the effect was not immediately produced, and it persisted some time after nitrogen was reingested.

Fifthly, absolute rest remarkably reduced the amount of albumen.

And sixthly, increase of arterial pressure by digitalis possibly increased the excretion of albumen.

From these results the authors draw certain deductions with regard to the treatment of albuminuria, especially by rest.

January 28th, 1879.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—25 Fellows and 3 visitors.

Books were presented from Dr. C. Jewett, Dr. Oertel, Dr. Ortille, Dr. E. Woakes, and from the Local Government Board.

Dr. Henry Gervis and Mr. Richard Davy were admitted Fellows of the Society.

In accordance with the Bye-laws, chap. ix, section 5, the President nominated the following Fellows as a Committee of Audit to examine the Treasurer's accounts for the year 1878 :

For the Council.	*For the Society.*
John Wood, F.R.S., *V.P.*	J. L. H. Down, M.D.
Robert Barnes, M.D.	Samuel Wilks, M.D.
W. C. Begley, M.D.	F. Mason.
Berkeley Hill.	John Langton.
James Andrew, M.D.	William Sedgwick.

The following communication was read :

A Study of the so-called Tendon Reflex Phenomena. By W. R. Gowers, M.D., Assistant Professor of

Clinical Medicine in University College. (Received December 7th, 1878.)

(Abstract.)

The paper records a series of observations on the two forms of muscular spasm commonly known under the above designation, that normally produced in the quadriceps extensor of the knee on striking the patellar tendon (knee reflex), usually absent in locomotor ataxy, and excessive in lateral sclerosis of the cord; and that clonic movement which occurs at the ankle-joint on sudden dorsal flexion of the foot, in lateral sclerosis of the cord (ankle clonus).

To ascertain the characters of the knee reflex it was examined in 300 patients, of whom 150 were the subjects of simple epilepsy. Of the whole 300 it was absent on both sides in 18, of whom 5 were ataxics, 3 paraplegics without ataxy, 1 suffered from old hemiplegia, 1 from vertigo, 1 from tumor cerebri, 1 from old rickets, and the remaining 6 from epilepsy, 5 being girls. Two only of the 18 were good walkers. Of 27 hemiplegics the reflex was equal on the two sides in 13, excessive on the weaker side in 14. In 3 cases it was absent in one leg only, 2 presenting weakness of the leg in which it was present, in the third it was absent in the leg in which the patella had been fractured and the two halves were separate. Of 100 epileptics with good walking power, the movement of the foot in 90 was between one and three inches; it was absent in none, excessive in 6, the average was just two inches. Of 22 epileptics with bad walking power, it was absent in 5, and excessive in 5. The reasons for regarding it as a spinal reflex are strong, especially its loss in spinal disease, its arrest by section of the crural nerve, its radiation to the other leg in animals, which the author has observed in several cases in man (and also a radiation to the back muscles), and, lastly, the graphic study of the movement. Tracings were shown taken on a myograph-drum, the writing pen being fixed to the foot. The effect of the tap and the muscular contraction were both marked, and were separated by an interval of ·09 to ·15 sec., the common interval in health and disease being ·10 or ·11 sec. This corre-

sponds with the time necessary for a reflex action (conduction 0·45 sec., latent stimulation ·01 sec., reflex process in cord ·05 sec.). Reasons are given for doubting the accuracy of the shorter interval obtained by Tschirjen with the foot fixed. The interval is sometimes occupied, in some cases the latter part only, by a slight rise due to a muscular contraction, probably indicating a direct stimulation of the muscular fibres. As a spinal reflex, the question of the origin of the afferent impulse in the tendon or in the muscle, by sudden tension, must be left open. Facts were mentioned pointing to the latter view. As a reflex it is arrested by damage to the posterior nerve-roots (as in locomotor ataxy), disease of the grey matter (as in muscular atrophy involving the quadriceps, sometimes, as in a case related, when slight only), or damage to anterior roots (as in old meningitis). It is also lost in advanced pseudo-hypertrophic paralysis. Its occasional persistence in locomotor ataxy is connected with slight damage to the posterior root-fibres, as shown by sensation being little or not affected, and commonly by the absence of lightning-pains (Buzzard, Westphal). A case of mixed lateral and posterior sclerosis is related in which sensation was more affected, lightning-pains greater, and knee reflex lost in one leg, while in the other leg the knee reflex was present, and sensation was less affected and lightning-pains slighter, though occurring.

From forty tracings of the ankle clonus the regularity and time of the movement have been ascertained. From five to seven contractions occur per second, the average being 6·1. During the intervals the relaxation of the muscle is incomplete, a certain residual contraction persisting. A similar clonus may often be obtained in the plantar adductor pollicis, of which tracings are shown, having nearly the time of the ankle clonus 6·1 per sec. A lateral ankle clonus has been met with by the author in one case, and also a knee clonus (in the quadriceps) having, however, a much slower time, 2·5 per second. In the ankle clonus does the stimulus act on the tendon or the muscle? It cannot be excited by any stimulus applied to the tendon which does not increase its tension, and, therefore, which does not act upon the muscle. A lateral tap on the tendon will not cause it if the tendon is carefully supported on the other side. The tendon is very sensitive to a pinch, but this causes quite a different effect. On the other hand, the initial contraction may be excited by tapping the muscle, which can affect the tendon very little. The question of its reflex nature is next considered, the author has found that in cases in which the ankle clonus can be obtained, and in slighter cases of similar central disease in which it is not obtainable or has passed away, a tap on the anterior tibial muscles, during passive dorsal flexion, excites a contraction in the calf muscles, which does not occur when the adjacent tibia is similarly tapped, and so cannot be the result of increased tension. This appears at first to be a true reflex, but on taking tracings the interval between the tap and the contraction is found to be only 0·3 to 0·4 sec., insufficient for the mere conduction to and from the cord, and less than half that necessary for a spinal reflex. The stimulation of the muscle must be direct by the vibration of the tap, which can, indeed, even in health, be felt by the hand placed on the calf. Other measurements show that in lateral sclerosis the interval between the tap on the Achilles tendon and on the muscle and the resulting contraction (during passive dorsal flexion) is ·025—·04 sec. and ·035—·04 sec., respectively, quite insufficient for a reflex. Therefore the stimulation of the muscle must be direct not reflex, and therefore not from the tendon. But this does not exclude all reflex influence, the extreme irritability to local stimulation, excited by tension, may be reflex. Tension on muscular fibres causes an afferent impression (painful when long-continued or after cramp), and tracings show that the irritability is not developed instantly on the tension first being put on, but gradually, after a period long enough for a reflex. If the tension is previously put on, the first contraction is as strong or stronger than the rest. Hence we understand why, though local, it occurs in spinal sclerosis. The reflex phenomena in these cases on stimulating the skin or pinching the tendo Achillis are then considered (flexor tonic spasm exciting and broken by the ankle clonus), and its relation to spinal epilepsy. The intervals between the contractions of the knee clonus bear the same ratio to those of the ankle clonus, as does the interval between the tap and the isolated contraction of the knee reflex to the interval between the tap on the Achilles tendon and the calf contraction. Hence each contraction in the knee clonus is probably reflex excited by the sudden tension on the muscle from the effect of the preceding contraction. In the calf and great-toe muscles the sequence of tension and contraction occurs at each step in walking, and a physiological reflex between the two is probably developed in the act of learning to walk. The author has never seen the ankle clonus in spastic paraplegia in a child who has not walked. A reflex relation between tension and contraction probably plays an important part in the coordination of often-repeated movements, and its loss may be part of the pathological state in locomotor ataxy in which the allied knee reflex is also lost. The ataxic and the child learning to walk may thus be similar in this condition as in appearance. If this view of the ankle clonus be correct it should be a normal phenomenon. The author showed four tracings of the ankle clonus taken from healthy individuals, in the sitting posture, knee flexed, the ball of the foot resting on the ground, in which posture if the ankle clonus is set up voluntarily it will go on independently. The author in conclusion points out that by this theory of the ankle clonus, rhythmical movement resulted from the action of two constant causes, central and peripheral, a conclusion somewhat similar to that reached by Romanis as regards the medusæ.

February 11*th*, 1879.

Charles West, M.D., F.R.C.P., President, in the Chair.

Present—44 Fellows and 11 visitors.

Books were presented by Mr. P. H. Bird, Dr. R. R. Harris, Dr. L. S. Pilcher, Prof. F. Rizzoli, Dr. C. West, and the India Office.

Mr. H. T. Wharton was admitted a Fellow of the Society.

The following gentlemen were elected Fellows:—A. E. Cumberbatch, F.R.C.S., Alfred Sangster, M.B., M.R.C.P., Armand de Watteville, M.A., M.R.C.S., and Edward Woakes, M.D.

Edward Charles Stirling, F.R.C.S., was proposed for election.

The following communications were read:

I. On a Group of Cases of Partial Symmetrical Immobility of the Eyes, with Ptosis (ophthalmoplegia externa). By Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital, Consulting Surgeon to the Royal London Ophthalmic Hospital, and Surgeon to the Hospital for Diseases of the Skin. (Received December 10th, 1878.)

(*Abstract.*)

The author commenced by stating that the term ophthalmoplegia had been used by Graefe ten years ago in reference to the class of cases dealt with in this paper, and that more recently Eulenburg, writing of the same cases, had applied the appropriate adjective progressive. The affection had not, however, he believed, received any notice from English writers. Most of its best marked examples occurred to adults who had suffered from syphilis many years before, but it had been recognised in connection with inherited syphilis, and in some cases without any assignable cause. Its essential feature is bilateral paralysis of the external muscles of the eyeballs, and it sometimes proceeded to such an

extent that the eyes were almost motionless in their orbits, and the patient compelled to move his head from side to side when he wished to change the direction of vision. A remarkable fact, however, is that the paralysis rarely proceeds to absolute paralysis and rarely affects all the muscles in the same degree, sometimes one or two wholly escaping. The lids always droop over the eyes, giving to the patient the appearance of being half asleep, but it is seldom that there is complete ptosis. Ophthalmoplegia interna paralysis of the iris and ciliary muscle is often present also, but it may be wholly absent. In some cases the optic centres are affected, and blindness with white atrophy results. The facility with which the progress of the disease is influenced by iodide of potassium probably in large measure accounts for the frequent incompleteness of the paralysis, and for the circumstance that it does not always manifest progressive tendencies. In advanced cases the spinal cord is affected, and symptoms of locomotor ataxy or of other forms of paralysis are developed.

The author then proceeded to narrate in abstract the particulars of fifteen examples of the malady, thirteen of which had been under his own observation, and two under that of Mr. Waren Tay. In the study of several of these cases he had to acknowledge the able assistance of Dr. Hughlings Jackson, and in the only one in which an autopsy had been obtained Dr. Jackson was present at it, and the microscopic examination of the brain had been made with great care by Dr. Gowers.

The following summary of the clinical evidence was appended.

Summary.—The facts are two few to permit of statistical analysis, but a brief summary may, perhaps, be useful. Of the fifteen cases four only occurred in females, and two of these were children. One of the males was a boy the subject of inherited taint, and the remaining ten were all adults. In eight of the fifteen it seemed certain that syphilis was the cause, in six acquired, and in two inherited. Of the remaining seven it may be said that a reasonable suspicion of syphilis might be entertained in several. Had it not been for an almost accidental revelation of the truth in the case of the man Sturdy after prolonged fruitless investigation, I should certainly have asked the

Society to believe that his was an example of the disease without any probability of syphilis.

With such a fact in mind one feels that it is almost impossible to make the negative even fairly probable.

In Case 9 no direct question was asked the patient being a single woman; in the two young children, although nothing could be proved, there were some suspicious facts, and one recovered under the iodide. The case in which evidence is most conspicuously absent is No. 13, but in this the patient is a young man who may have denied the true history or who may have either inherited a taint or had acquired disease in some irregular way of which he knew nothing. On the whole the evidence which connects this affection with syphilis is exceedingly strong, and that which favours the belief that it can occur independently of it must be held to be open to some doubt. In five of the patients, all but one known to be subjects of syphilis, the optic nerves were affected, and blindness with white atrophy resulted. In two cases the fifth nerves were symmetrically affected, and in two there was slight affection of the facials. The almost constant escape of the facials must be held to be a remarkable fact. In one case the palate was affected, and in one, the same patient, smell was lost. None of the patients were deaf and none had lost taste, and in only one was there any material anæsthesia of the skin of the face. In six cases the lower extremities were more or less weak and liable to pain, the condition approaching more or less closely to locomotor ataxy. I much regret, that owing to imperfect knowledge on my part at the time of their occurrence, the details of facts in reference to this disease are often incomplete. There can, however, be no doubt that opthalmoplegia externa is sometimes a part of the general malady known as progressive locomotor ataxy, especially when that disease is due to syphilis. One of the patients became insane, and another was liable to attacks of violent mental excitement. Four of the fifteen are known to be dead, but of these a post-mortem was obtained in only one. In several cases, owing either to the blindness or the youth of the patient, it was impossible to estimate the state of the accommodation, but in a certain number it was proved to be perfect, in a few it was absent, and in a few it varied. The pupil never contracted, was almost always sluggish, and of medium dilatation. In one well-marked case it acted fairly. In no single case was it very widely dilated. From these facts we may infer that the lenticular ganglion is often free from disease, and that the vasomotor filaments, although often enfeebled, are not usually paralysed.

It is difficult to make any confident statements as to the progressive tendencies of the malady of which opthalmoplegia is a symptom. It is very definitely influenced for good by treatment, and in nearly every case specific measures were adopted. We may conjecture, however, from what happened in several that in most instances it is an aggressive malady and would end fatally if treatment were not resorted to. The effect of remedies in several of the cases were very remarkable, the patient being rescued from a very dangerous condition. At the time that most of the cases were under treatment my opinions as regards the nature of the malady were far less clear than at present, and hence arose a hesitancy in treatment which was probably often prejudicial. The patients were benefited up to a certain point, but relapses occurred and the remedy was not pushed sufficiently. It would seem that the iodide of potassium is by far the best means of treatment, and that it ought to be given over very long periods, and in increasing doses without any limit as to precise quantity excepting its effect on the symptoms. Although relapses are common, yet in several of the cases narrated a complete arrest appears to have occurred, no treatment having been resorted to for several years. In none, however, was the recovery complete.

II. Narrative of a Case of True Leprosy in which complete recovery has taken place. By JONATHAN HUTCHINSON, F.R.C.S., &c. (Received December 10th, 1878.)

(Abstract.)

This case is brought before the Society as an instance of complete arrest of the progress of true leprosy. There is still paralysis of one ulnar nerve and many patches of skin are deficient in sensation, and there are permanent changes in the eyes. In other respects, however, the cure is complete, and the patient enjoys excellent health. The subject of the case has been under the author's observation for twenty-seven years. She is a Jewess born of parents who had lived only in England of a family in which no leprosy taint existed. At the age of thirty-two she went to live in Jamaica, and twelve years later she returned, the subject of leprosy in a severe form. The tubercular and the anæsthetic symptoms were present in combination, areas of skin were dusky and devoid of sensation, one ulnar nerve was paralysed, and the face was covered with tuberous folds of indurated skin. She was for some time under treatment at the hospital for skin diseases, then an in-patient under Dr. Addison at Guy's, and, lastly, at Moorfields. For the last twenty years she has considered herself well.

The author expresses his belief that the cause of the recovery was the change of residence, and the element of importance is this—the change of diet and the special article of diet in question, FISH. He did not believe that mere climatic influences, air, &c., had any share in the result, for in regard to leprosy, it prevailed under the most various conditions.

February 25th, 1879.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—29 Fellows and 2 visitors.

Books were presented by Dr. W. H. Robertson and Prof. J. Henle.

Mr. Edmund Owen was admitted a Fellow of the Society.

The following communication was read:

I. On the Diagnosis and Treatment of Ruptured Bladder.

By Christopher Heath, F.R.C.S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital. (Received December 10th, 1878.)

(*Abstract.*)

The author narrated a case from his own practice, in which rupture of the bladder had occurred forty hours before the patient came under his notice, and in which the lesion was diagnosed principally from the tense condition of the abdomen, from the fact that a catheter on entering the bladder drew clear urine, but on passing further gave exit to bloody urine which ebbed and flowed as the patient breathed, and that warm water injected through the catheter was felt in the groin and abdomen by the patient. Under ether the abdomen was opened and the opening in the bladder closed with a continuous cat-gut suture. A catheter was tied in and gave exit to clear urine till the fifth day, when it became bloody, and symptoms of peritonitis developed, the patient dying just six days after the accident.

At the post-mortem examination the lower part of the bladder wound was found open.

Reference was made to Mr. Willett's case, in which a similar proceeding was adopted with a fatal result, and four recorded cases of recovery after rupture of the bladder into the peritoneum were then discussed. They were—1, Mr. Chaldecott's case treated by catheterism only; 2, Dr. Walter's case treated by abdominal section for the removal of the urine; 3, Dr. Thorpe's case treated by catheterism of the peritoneum and washing out; 4, Dr. Mason's case treated by lateral lithotomy. Having regard to the great difficulty of closing the bladder with stitches, which

Abstract of the Income and Expenditure of the Royal Medical and Chirurgical Society,

For the Year ending December 31st, 1878.

RECEIPTS.

	£	s.	d.	£	s.	d.
Trustees of the Marshall Hall Fund, July, 1877	661	11	2			
Sold out to pay First Quinquennial Prize of £83 11*s*. 8*d*. . . .	89	13	0			
	571	18	2			
Amount of 6th Year's Dividends (less Transfer Expenses) £19 0*s*. 6*d*. invested July, 1878	19	11	8			
	591	9	10			
Balance due to the Society's Bankers, Feb., 1879				104	10	5
				£1423	10	4

Audited and found correct, February 7th, 1879.

Robert Barnes, *Chairman.*
William Sedgwick.
J. Langdon Down.
Francis Mason.
Berkeley Hill.
John Wood.
W. C. Begley.
John Langton.
J. Andrews, *Sec.*

PAYMENTS.

	£	s.	d.	£	s.	d.
Transactions, Vol. LXI:						
„ Paper . .	35	1	3			
„ Printing . .	118	18	3			
„ Lithography and Wood Engraving . . .	108	8	9			
„ Binding . .	30	2	0			
„ Delivery of Volume .	9	5	4			
	301	15	7			
Proceedings, Vol. VIII, Nos. 5 and 6: Paper, Printing, &c. . .	35	2	6			
				336	18	1
Scientific Committees' Expenses:						
On Croup and Diphtheria . .	4	11	0			
On Dr. Howard's Method of Performing Artificial Respiration . .	5	2	6			
				9	13	6
Total Ordinary Expenditure for 1878				1302	10	4
Purchase of Stock, £21 14*s*. 10*d*. (3 per Cent. Reduced), with Amount of Composition Fees as per contra .				21	0	0
New Catalogue, Payment to Printer on Account . . .				100	0	0
				£1423	10	4

(*Signed*) William Wegg, } *Treasurers.*
John Birkett, }

had now been tried in two cases without success, the author recommended in future cases a trial of the catheterism and washing out of the peritoneum as practised by Dr. Thorpe, reserving lateral lithotomy for cases in which the rent in the bladder could not be reached with the catheter.

ANNUAL MEETING.

March 1*st*, 1879.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

Present—56 Fellows and 3 visitors.

The President took the chair at 8 p.m., and stated that the Ballot for the Election of Officers and Council for the ensuing year (1879-80) would be open for one hour, nominating Dr. Duka and Mr. Edward Newton as Scrutineers.

The audited Balance-Sheet of the Income and Expenditure of the Society for the year 1878 [see p. 377*] having been already circulated among the Fellows was taken as read, and the Hon. Secretary Mr. Timothy Holmes at once commenced reading the Report of the President and Council, as follows:

The President and Council, in laying the annual statement before the Fellows, have to report the following particulars as to the general and financial condition of the Society:

The deaths among the Fellows during the past year have been 15 in number, which is just the average of the last twenty-five years. They include 1 Foreign Honorary Fellow (Professor Rokitansky), 4 resident, and 10 non-resident Fellows.

The new elections are 23 in number, and comprise 16 resident, 2 non-resident, and 5 Honorary Fellows, viz. 1 British, Sir John Lubbock, and 4 foreign, Dr. G. Baccelli, Dr. Noel Gueneau de Mussy, Professor F. W. von Scanzoni, and Dr. Theodor Schwann.

Two resident Fellows have become non-resident, and 2 non-resident have become resident. Six Fellows have resigned, and the name of 1 has been erased for non-payment.

The total number of Fellows, Honorary, resident, and non-resident, is 666, 1 more than the number in last year's report.

Four Fellows have paid the final composition fee of five guineas.

The above items are tabulated in the following statement, which is in sequel to a series in the same form.

TABLE OF FELLOWS.	Honorary.		Resident.			Non-resident.		Totals.
	English.	Foreign.	Composition for Subscriptions.	Paid Subscriptions for 1878-9.	Additional to pay for 1879-80.		Compounded for 'Trans.'	
December 31st, 1877 . . .	10	16	73	265	...	206	68	665
Elected Dec., 1876, to April, 1877, but not subscribing for Session 1877-8 . . .	...	...	...	+12				
Ditto, Dec. 1877, not subscribing for 1878-9 . . .	...	...	...	...	+15			
Deceased during 1877 . . .	...	...	...	...	...			
Deceased during 1878 (in Report, March, 1879) . .	...	—1	—2	—1	—1	—8	—2	—15
Paid composition fees, 1878 .	...	...	+4	—4				
Resident became non-resident	...	...	...	—2	...	+2		
Non-resident became resident	...	...	...	+2	...	—2		
Resigned from March, 1878 .	...	...	...	—6	...	...	...	—6
Erased for non-payment . .	...	...	...	—1	...	...	...	—1
Elected 1878 (Feb. and April)	...	...	...	...	+10	...	+2	+12
Ditto, 1878 (Dec.)	+1	+4	...	...	+6	...	...	+11
Totals, Dec. 31st, 1878 . .	11	19	75	265	+30	198	68	666
			370			266		

The total receipts of the year are nearly the same as they were in 1876, and about £110 below those of 1877; but this deficiency does not fall entirely on the available income, as it consists, in part, of £36 paid for composition fees less than in the previous year. The remaining decrease of £74 is principally due to the smaller number of admissions, the fees received being 18 in number instead of 27 as in 1877.

The number of subscriptions is the same, and in the other items of receipt there are no considerable variations.

The ordinary expenditure is much the same as in recent years, most of the various collected headings of payments varying only to the extent of a few pounds; but the expenditure on books has been about £36 less, and that on the 'Transactions' about £50 more than 1877.

The expenditure has exceeded the income by about £4 10s., which, added to the balance in hand with which the year began of £33 19s., shows an excess of expenditure above income in the year's account of £38 9s. The sum of £100 has also been paid in advance on account of the printing of the Catalogue and Index.

With regard to the latter the Council learn from the Librarians' Report to them that the printing of the new Catalogue and Index of the Society's Library has progressed so far that there is little doubt they will both be completed during the course of the summer. The printing of them will thus have taken two years, and they will form three volumes (two of Catalogue of Authors and one of Index of Subjects), with a total of about 2000 pages. The printing has advanced regularly though slowly, owing to difficulties with regard to type, and to the extreme care required for the correction of the press. The Council have temporarily insured the "stock" of the Catalogue during its progress through the press.

The Hon. Librarians also report that the additions to the Library of the Society during 1878 have consisted of 515 works, inclusive of pamphlets, but not of continuations of Transactions or Journals, and of that number 235 have been presented and 280 purchased by the Society. Of the same total number 284 are foreign works and 231 English. Among the donations have been some scarce works on the Indian Cholera towards the completion of the Society's collection on that subject, presented by Mr. C. Macnamara, and many old works on Surgical Anatomy, and on Tumours of the Breast, filling up deficiencies in the Library, presented by Mr. John Birkett.

The report of the Croup and Diphtheria Committee appointed in 1876 has been received and read at the first meeting of the Society for the session in October last, and is now printed and in the hands of the Fellows. The discussion upon it will be taken at the meeting of the Society on April 8th.

The Committee appointed at the request of the Royal Humane Society to consider Dr. Benj. Howard's method of performing Artificial Respiration has held several meetings, made some experiments, and nearly come to a conclusion, but before making a final report require some further experiments, especially, if possible, on subjects with lungs free from disease or damage.

The Council have acceded to the proposal of the "Northumberland and Durham Medical Society" to unite with them and other kindred medical societies in memorialising the Government to take such steps as may seem best calculated to prevent the spread of infectious diseases through the agency of public day schools.

The Council beg to recommend to the General Meeting that the Society contribute fifty guineas to the Harvey Tercentenary Fund, and the Council also propose that the Society should authorise the Trustees to effect a sale from its funded property to the amount of £500, in order to meet the expense of the printing of the new catalogue and index.

At the conclusion of the Report it was moved by Mr. THOMAS BRYANT, seconded by Mr. JOHN GAY, and carried unanimously—

"That the Report of the President and Council, with the appended audited account of the income and expenditure of the Society for the past year, now read, be received, adopted, and printed in the 'Proceedings,' with the exception of the two paragraphs involving the expenditure of money for which, according to bye-law, separate motions were required to be made."

It was then moved by Dr. SYMES THOMPSON, and seconded by Dr. SEMPLE—

"That the Society should authorise the Trustees to effect a sale from its funded property to the amount of £500 in order to meet the expense of printing the new catalogue and index."

A discussion arose in which Mr. KIALLMARK suggested that, in order towards meeting so large an outlay from the Society's funds, a small payment should be made for the Catalogue by those Fellows who wished to possess a copy. Dr. BARCLAY, Mr. BIRKETT, and Mr. HOLMES joined in the discussion as to the advisability of such a payment or not, there being no precedent for it in the Society, and it was ultimately referred to the consideration of the New Council.

The motion for the sale of stock was carried without a dissentient.

It was then moved by Dr. SIEVEKING, who spoke highly in favour of the adoption of his motion, and seconded by Mr. J. J. MERRIMAN—

"That the Society contribute fifty guineas to the Harvey Tercentenary Fund."

Dr. JOHN HARLEY rose to move an amendment, on the ground that the laws of the Society did not permit such a use of its funds, and that, looking to the deficiency shown in the statement of its accounts, it had not the means in hand to make such a donation. Dr. BLACK seconded Dr. HARLEY's amendment, but would have preferred moving the "previous question" to proposing a direct negative to the motion. After some remarks by Dr. QUAIN, strongly in favour of the gift, and from Dr. DOUGLAS POWELL and Dr. BUZZARD, as to cases of precedent, &c., the amendment which proposed that the suggestion of the Council should be deferred for further consideration, was negatived, and the original motion was carried with only a few dissentients.

The President then addressed the meeting as follows:

GENTLEMEN,—You have heard in the Report which has been submitted to you, all that is to be told of the uneventful history of our Society. Unlike the Royal and other kindred societies we have no grand discoveries to announce, no new planet seen, no unknown land explored, no unexpected manifestation of the hidden powers of nature, for our's is the humbler task "to give account of knowledge for the benefit and use of man."

And so, deprived by necessity of those topics on which it might otherwise have been a pleasure to dwell, I find in the past year two subjects on which I may venture to offer you my congratulations. The first of these is the completion of the Report of the Sub-Committee on Diphtheria, formed, as I am pleased to remember, at my request, which though it has not solved all the problems connected with the subject, has yet exercised great diligence, collected large materials, displayed great acumen, and, I believe, has contributed much towards the greater accuracy of our diagnosis, and consequently to the greater wisdom of our therapeutics.

And, next, I must congratulate you on the choice made by you, on the recommendation of the council, of gentlemen to fill the number of our Honorary Fellows. The name of Sir John Lubbock must be approved by all, as conferring as well as receiving honour by his association with ourselves. In the selection of our British Honorary Fellows it has always been the endeavour of the Society to seek for men who, by their labours, form a sort of connecting link between medicine and those kindred domains of natural science from which medicine, if it is to be ought else than the grossest empiricism, can never be dissociated. We hold that the highest honour for such of our countrymen as devote themselves to the *practice* of medicine, is to be enrolled as earnest working members of our body.

With our foreign brethren the case is different, and I trust that you all approve at heart of the selection which your votes have confirmed:—of Professor Schwann, of Liége, who first propounded that theory of cell development, based on no vain imaginings but on carefully studied facts, which underlies almost all the recent advances in physiology and pathology; of Guido Baccelli, of Rome, the careful and acute clinical observer whose diagnostic tact has helped us to discriminate the nature of pleuritic effusions, and to solve important questions with reference to ovarian disease; of Noel Gueneau de Mussy, physician to the Hôtel Dieu at Paris, well versed in all branches of the healing art, a fit representative of practical medicine in France; and Scanzoni, of Würzburg, patient in inquiry, diligent in research, cautious in inference, moderate in practice, who in an age of charlatanism has been strictly honourable in word and deed.

But another and a sadder duty awaits me—to commemorate those who have passed away from among us since our last annual meeting, not all of them exceptionally distinguished as those whom we have gladly enrolled among our Honorary Fellows, but who have lived; some well known, others little heeded; who, now,

> "Home have gone, and taken their wages,"

whom praise cannot move nor blame.

Gratitude, friendship, affection, would not let their names pass into oblivion, but yet I take it that it is mainly for the sake of us, the living, that we thus each year make mention of the dead. While we follow them with our regrets, and cherish with tenderness memories which to some of us are very precious, we must not lose sight of our great object, which is to gather from their histories something for the correction of our own faults, for the cultivation of our own intellects, for the purification of our own motives, for the perfecting of our own characters.

With these few words of preface I betake me to my task.

First in order comes the name of *Mr. Josiah Clarkson*, who died in the neighbourhood of Birminghan on the 13th of February of last year, at the age of sixty.

He was a native of Birmingham where he commenced life as an engraver, but while still young he exchanged his original profession for that of physic the study of which he followed in his native town, where he afterwards practised. Some thirty years ago he contributed to our 'Transactions' a case of colotomy for the relief of a complete intestinal obstruction, creditable alike to his medical knowledge and to his surgical skill. One might from it have augured for him a larger measure of success than he attained, but this seems to have been his single effort. He passed through life known in a somewhat narrow circle for his artistic power which he never lost, and for his gentle manners; but ill health, and a nervousness which he never overcame, unfitted him for life's battle.

The next of our Fellows was personally known to comparatively few of us, *Dr. John Roberts*, who died at Cimiez, near Nice, at the age of 68, on the 28th of last March. He studied partly at King's College, partly in Paris, in which city he obtained permission to practice, and in 1849 he became a member of the College of Physicians. After a residence of some years in Paris he came to London and settled in Grosvenor Street, where he had a practice select rather than extensive. I cannot but think that the man who was the trusted physician of the late Lord Palmerston must have had some qualities beyond the common. He retired to Norwood some years before his death, and at last went abroad in vain quest of health. He had the reputation of being an able physician, and from many quarters I have heard testimony borne by his patients, and he had the art of making all his patients friends, to his generous considerate kindness on all occasions.

Mr. Thomas Carr Jackson died at the age of 55 on the 23rd of April last, after much suffering from, I believe, malignant disease of the prostate and bladder. He was a Yorkshireman by birth, educated at Merchant Taylor's School, then after serving his apprenticeship to Mr. Garstang, of Lytham, in Lancashire, who still survives in honoured age, he studied at St. Thomas's Hospital, and joined the College of Surgeons in 1845, taking the Fellowship by examination in 1857. He was connected first with the Royal Free Hospital, afterwards with the Great Northern, and had the reputation of being an able surgeon. He wrote but little, though his success in lithotomy, for he did not lose a single patient of the twenty-nine on whom he performed it, led him to send some remarks on the operation to the 'St. Thomas's Hospital Reports,' and he published, besides, a small pamphlet on 'Circumscribed Abscess of Bone.'

He was much respected and beloved by all who knew him well, for, in spite of a somewhat rough exterior, he was very kind and very sympathising, and this not merely with those who came to him for medical advice, but with a large number of people who trusted his judgment and sought his counsel in their personal anxieties and troubles. I know this from private sources quite apart from members of his family, and there is something very charming in lighting on unsuspected virtues practised so unostentatiously, that the secret of them is revealed only when death undraws the veil which has concealed them.

Most of us were familiar with the youthful figure, the lissome gait, the keen black eye, the cheerful smile, the courteous speech of *Arthur Noverre*, which told of his French descent, and were the outside of a skilful doctor, a high-toned gentleman, a ready friend. He was a man who, though his practice lay much among people of rank, never lost his own dignity, who kept most thoroughly the spirit of the oath still taken by the graduates in medicine at some of the German universities, "Nunquam ad vana aut sordida deflectendum," while he was most liberal in the exercise of his profession towards those whose resources were small; a man, in short, who—

> "Knew his art, but not his trade;"

and who was, in my judgment, the highest type of the general practitioner—one whom we can ill spare and shall long miss.

His family was of Swiss descent, his great grandfather living at Lausanne at the end of the seventeenth century. His grandfather, born in 1729, was driven to England by the storm of the revolution in 1793, and here his father settled, and here in London Arthur Noverre was born, the youngest of ten children. He received his education in a private school, and at the age of seventeen was placed in a Government office and tied down to work which he hated, and hated all the more since, like many lads at his age, he had a sort of craze for becoming a soldier. The family resources not admitting of the purchase of a commission, he determined to enter the army as a non-combatant, if not otherwise, and with the intention of becoming an army surgeon, he borrowed the money to pay his fees at St. George's Hospital, and, inflexible in resolution as he was all through life, he worked so well that he took the licence of the Apothecaries Society, and the Membership of the College of Surgeons in 1836. For a man who for three years had so disciplined his mind the life of a soldier in time of peace had no longer any charm; and furnished with strong recommendations from Sir Benjamin Brodie and others of his old teachers he settled at Stanmore, in Middlesex, in 1838. Here he practised for twenty-one years, and his first care was to repay the money he had borrowed. Here he married, and I suppose it gratified his old military predilections that his two sons became soldiers.

Among his patients at Stanmore was the family of the then Marquis, now Duke, of Abercorn. The friendship of that nobleman and the advice of Dr. Bright, who had a high opinion of him, induced him to move to London; and he did so all the more readily, urged by the importunities of a chronic muscular rheumatism which the damp air of the country aggravated, while his home had been darkened by the death of his wife.

In London a second period of success and happiness awaited him. His home was brightened by a second marriage. His old patients who had relied on him in the country were faithful to him in town, for his rare perspicacity in the discrimination of disease had secured their confidence, while his kindly nature had won their friendship. I could not have imagined from his unabated cheerfulness of manner when he talked to me a few days before his death about retiring from practice that he was aware, and had told some of his patients, that he had an obscure ailment which might suddenly prove fatal. But so it was, and in a few hours, but not unprepared, he was called away on the 22nd of April.

Dr. Julian Evans, who died in London at the age of 73 on the 16th of June, was little known to the Fellows of this

Society, he having retired from practice more than thirty years ago.

I know nothing of his early career, but while still a young man he was induced to visit the West Indies in the hope that the climate might benefit his wife's failing health. He settled in the Island of Santa Lucia, and embodied the results of his observations during a stay of some years in "A Treatise on the Endemic Diseases of the West Indies," published in 1837. This work, as far as I can judge, is of very considerable merit. It displays great diligence, of which the record of seventy-one cases and of twenty-eight post-mortem examinations made under the burning sun of the tropics may be admitted as good proof. The arrangement is orderly, setting out with a description of the topography of Santa Lucia. This is followed by an examination of the conditions in which malaria is generated in different countries, and the influence of malaria and heat on man and animals. The detail of cases and post-mortem examinations is succeeded by an investigation, one by one, of the symptoms by which the fevers are characterised, and the question of the identity of those diseases with yellow fever is answered in the affirmative; and the subject is concluded by a very discriminating chapter on the treatment of the different varieties of endemic fevers of the tropics. I have thus hastily enumerated the contents of the book, because it is distinguished by thoughtful care, by patient inquiry, by dispassionate judgment, and as the work of a man who was only thirty-two years old when it was given to the press may serve as a good example to the younger members of our profession of what they may hope to do by honest work.

He settled in London after the publication of his book, but domestic bereavement gave him a distaste for the struggle for success. He retired to the country, and passed his life in a sort of intellectual indolence, which did injustice to his abilities and has deprived us of the fruit on which we might have counted from their continued exercise. One feels indeed much sympathy with him in his sorrow, but nevertheless, he who living to old age has yet from any cause lain down to rest in the middle of life's journey cannot wholly escape Seneca's verdict on such an one, *Non diu vixit, diu fuit.*

The name of *Mr. Hunter*, who at one time practised in Wilton Place, but who retired to the country some years since, where he died at the age of 43, on the 8th of last August, must not pass unnoticed. He took great interest while House-Surgeon at St. George's Hospital, where he was educated, in the subject of hypodermic medication, and a very able and carefully written paper upon it appeared from his pen in the first volume of 'St. George's Hospital Reports.' He did more than any one else to establish the fact that the action of sedatives or of other agents injected under the skin is not local, extending gradually from the point of injection to the system generally, as the ripple caused by a stone thrown into water extends from it as from the centre,—but general from absorption of the agent into the circulating fluid. To have conclusively determined this fact was no small matter, and we must not ignore our obligation to him to whom we are indebted for it. He took a part in the investigations by a committee of this Society into the action of remedies employed hypodermically; wrote a pamphlet on it, and contributed an article to the 'Medico-Chirurgical Review,' "On the Hypodermic Administration of Strychnine." He also took part in Dr. Marshall Hall's experiments on the treatment of suspended animation from drowning, and seems to have been in every way a person of more than average ability, and of a very active mind.

When *John Hilton* died on September 14th, although he was then 74 years old, one felt that his death was premature, so closely was his name associated with British surgery. He was born at Castle Hedingham, in Essex, the smaller but the more notable of two adjoining villages, each of which has a historic interest:—Castle Hedingham as the chief stronghold of the De Veres, Earls of Oxford; Sible Hedingham as the birthplace of the famous leader of freelances in the wars of Italy, Sir John Hawkwood, whose monument many will recollect in the Cathedral of Florence. This latter village, too, will long be held in remembrance as the place whose inhabitants killed an old woman, some ten years ago, in the endeavour to solve to their satisfaction the important question of whether she was a witch or not. A rough form of vivisection by experimenters who had not taken out a licence.

Mr. Hilton received his early education, and a somewhat incomplete one, at Chelmsford, and came young to Guy's Hospital. Here his active mind found full scope, and so diligently and to such good purpose did he pursue his studies that at the age of 21 he was appointed Demonstrator of Anatomy. He joined the College of Surgeons in 1827, and was early appointed Assistant Surgeon to the hospital. It was in these days that he laid the foundation of his high repute as an anatomist by those wonderful dissections which, perpetuated in Mr. Towne's exquisite models, give to the school with which he was connected an advantage such as no other possesses, which all must admire, and many I can well believe must envy.

His life was one of steady and successful work, his rise slow but sure, until at length he occupied the chair of President of the College of Surgeons, and the post of Surgeon Extraordinary to the Queen. He was not remarkable as a lecturer, but an excellent teacher at the bedside, and therefore deservedly popular with the students. He contributed many papers to our 'Transactions,' but his high reputation, beyond the sphere of his daily work, rests mainly on his lectures "On Rest and Pain," originally delivered at the College of Surgeons in 1860-62, and which passed deservedly through two editions.

I did not know Mr. Hilton intimately, and am therefore under no unconscious bias which should lead me to over-estimate his work. But to my thinking this book bears the stamp of originality, of that which is far higher than mere laboriousness can ever attain to, and I therefore prize it as something rare. For my own part I read it, even where it treats of subjects quite outside my own pursuits, over and over again with pleasure unabated by the fact, which he himself proclaims, that another hand than his own had helped to dress his child in seemlier garments than those with which he could have clothed it withal. I know some say he harped upon one string, that one idea had taken possession of him, or he of it. *One* really original idea, however, is not so common that we need complain of its recurrence like the theme in a piece of music, which one can trace throughout as giving its harmony to the whole. And thus running through nearly 500 pages we have but variations on the two ideas, that pain suggests the necessity of rest, that rest is nature's mode of bringing about repair. Rest as the condition of growth is seen in the winter repose of vegetation, in the nocturnal closing of the leaves of plants, in the hybernation of some animals, in the sleep of all. Sleep is the evidence of the favourable progress of an injury, of recovery from disease. Sleep is but perfect rest, and rest restores the power of the over-taxed man of business, and gives opportunity for the repair of his brain, just as perfect repose is the most favourable condition for recovery from accident. And, following still further the same idea, the pouring out of lymph after injury to a serous membrane "is but a temporary splint until the original structures repair themselves, and in this way the inflammatory effusion produces a certain degree of rest to the original structure, and thus contributes to the work of reparation." And this idea he follows through all the details of inflammation of various parts of diseases of the differents joints, and lays down rules which show careful observation and fertility of resource in all the emergencies of surgical practice, while they convey lessons no less worth the learning for those who are conversant only with medicine.

There is not much more to tell of Mr. Hilton. He lived somewhat apart from intimate associates, but he was kind and helpful to many, and within his somewhat narrow circle he had warm and attached friends. I doubt whether for most of us one hand is not enough to count our real friends upon.

Next comes a name on which my memory dwells with affectionate regret, that of *Dr. Robert Willis,* who died at Barnes on September 21st, 1878, in the eightieth year of his age. He was born at Leith in 1799 of a good Edinburgh family, which suffered as many others did by the abolition of the slave trade in 1807. He lost his parents early, his father dying of some illness which he contracted in Jamaica, whither he had gone to try to save something of what had been an important property. It says much for the steadfastness of Dr. Willis's principles that the occurrence which robbed him of fortune did not prevent his being all his life long a thorough liberal in the best sense of the word. I would gladly have known who brought the lad up, for his tender loving disposition in his home told that some gentle woman had nurtured the motherless child. But I can tell but this that from boyhood he showed a passion for medicine, and having studied at Edinburgh took his degree, a mere stripling in 1819. He then went abroad where in Italy, Paris, and Vienna he matured his knowledge, and acquired that mastery of modern languages which was one of his great accomplishments. He formed there too some fast friendships, such as that with Professor Marx, of Göttingen, in conjunction with whom he published long years afterwards an extremely interesting work 'On the Decrease of Disease, with the Advance of Civilisation.' He did not finally settle in London until after having joined the College of Surgeons in 1823; and having paid a second visit to Germany he started in general practice in Westminster.

It was while thus engaged that, on the recommendation, I believe of Mr. Abernethy, he became Librarian to the College of Surgeons in 1828, and found there a more congenial field for labour, though he did not then renounce the other. In 1837, however, he became a member of the College of Physicians, and having removed to Dover Street, he began practice as a physician, and accepted the Chair of Medicine in the Aldersgate School. One thing alone, a hospital, was wanting to his large success as a practitioner and teacher, for he was well acquainted with his profession all round. He was eminently clear-headed, free from prejudice and from partiality; he clothed his ideas in fittest speech; while with patients, and I saw much of him among the poor, he was pains-taking, kind, and sympathising. He was ever helpful to the younger members of his profession, and to him I owe, by his throwing open to me the Infirmary for Children in the Waterloo Road, to which he was then physician, the opportunity given me now forty years ago of fitting myself for most of what I have ever been able to accomplish for the advancement of my profession, the benefit of others, or my own good name.

He worked on for years with failing health, doing good work in every way, translating from the French and German, and adding notes which enhanced the value of the originals, sometimes guiding the pen of others, or putting their ideas into his own lucid English, till the parents of some ricketty bantling fell in love with it when it had passed through his hands, and fancied its beauties were all their own. But he did good practical work as well as good literary work, and his 'Treatise on Diseases of the Urinary Organs' was, to my thinking, at the time of its publication the best and most useful work on its subject. It differed indeed altogether from the great original work of Dr. Prout with which he would not for a moment have compared it, but it was more directly serviceable to the young man seeking for wise guidance.

I believe that had his health permitted Dr. Willis would have attained good success as a physician, but frequent attacks of hæmoptysis drove him from London, and he settled at Barnes where he once more resumed general practice in a pleasanter field than that in which he first made experience of it, and where for the last thirteen years of his life he had the help of his son-in-law, Dr. Marshall.

In the comparative leisure which he now enjoyed he returned in his old age to the pursuits that had been the delight of his youth, and which will keep his name an honoured one in our profession so long, at any rate, as that of Harvey is had in remembrance. His translation of that great man's works published by the Sydenham Society in 1847 is all that a translation should be. It is just what we may believe Harvey would have written, if instead of Latin he had employed his mother-tongue. The writer is not made to masquerade in nineteenth century dress, but we have him "in his habit as he lived," a speaking portraiture of his thoughts, as his likeness in the College of Physicians is of his outward form, and figure, and expression. A short and reverend notice of Harvey's life and work was prefixed to the translation, and was afterwards expanded into a biography, the last sheet of which he corrected only three days before his death, which took place at just the age at which his great master died.

It were idle to attempt here a criticism of the 'Life of Harvey;' time is wanting me, and the skill to do it. But his own profession did not suffice for Dr. Willis's active mind. There were other subjects, the highest problems that can engage human thought, things which cannot be seen or handled, enigmas whose full answer cannot be given in this world, and on these he pondered long, and anxiously, and honestly. His conclusions are given partly in the introduction to his translation of Lessing's 'Nathan the Wise,' and still more fully in his 'Life of Servetus' and in his 'Life of Spinoza,' faithfully to write which latter biography he taught himself Dutch when seventy-two years old. We may not assent to his conclusions—for my part I do not in the least, but we may at all events learn charity from the gentleness with which he almost always speaks of those whose opinions he most condemns, a lesson in which the boasted liberalism of the present day is yet unskilled.

Though Dr. Willis's conclusions may seem to some of us altogether wrong, we also know that to our finite vision a part only of truth reveals itself. This man discovers one side, that another, but of one thing we may be sure, that they who diligently seek it, as he did, will not miss it altogether. Some of us may feel that the light which guides us, like the sun's rays, warms as well as illuminates, and that compared with it all others are but like the cold starlight or the pale shining of the moon. Of this, however, I am sure, that light and warmth from the All Giver could alone have led our friend through the many difficulties of his long journey by the narrow path of moral right, of truest friendship, and of gentlest love, with steps so unfaltering that we can scarcely hope for more than at a distance to follow him.

In strongest contrast with Dr. Willis in almost every point except high principle stands out the name of *Dr. John Ashburner*, who died on November 13th, 1878, in the 86th year of his age. To many of the Fellows of this Society he was probably altogether unknown, while to others his name is associated only with some of the wildest vagaries of spiritualism. But he was a very remarkable man, whose history, indeed, reminds us of tales read long ago, of a mortal endowed with richest gifts, whose bestowal would seem to guarantee to their possessor all good fortune but for the interference of some mischievous fairy who cast over the gifts a spell which took away their value. Born in Bombay, where his father, a man in easy circumstances, devoted to literature, conducted a journal; and after his father's death become, by his mother's second marriage, the stepson of Sir

Charles Forbes, one of the merchant princes of India, the commencement of his life seemed to promise success. He was highly educated, a good anatomist, an accomplished chemist, well versed in physical science, with a sound knowledge of his profession, and yet he failed for want of that balance between his different faculties, the just equipoise of which is of more practical importance to their possessor than the extent of any.

I do not know where he received his early education, but while still a youth he was apprenticed to Mr. King, a surgeon at Clifton, whose wife was a sister of Maria Edgeworth. His life there seems to have been a happy one if we may judge from the graceful and grateful terms in which he dedicates to him as well as to Dr. Macartney, of Dublin, the thesis which he wrote for his doctor's degree at Edinburgh in 1816.

He received his earlier medical education at Dublin, and even there was not undistinguished, for he acted as demonstrator to Dr. Macartney, the most eminent anatomical teacher of his day, and was also elected a member of the Royal Irish Academy, no mean honour for so young a man.

He became a member of the College of Surgeons in 1814, graduated at Edinburgh in 1816, took the membership of the College of Physicians in 1818, and during the ensuing five years lectured on chemistry at St. Thomas's Hospital, and held the office of physician to the St. Marylebone and Westminster Dispensaries, to the St. Pancras Infirmary, and the Smallpox Hospital.

In 1823 he for a time renounced the practice of medicine, and joined a mercantile house in Calcutta. I cannot, however, imagine the pursuit of wealth to have ever been congenial to his disposition, and in three years he gave up the experiment.

Returning to England in 1826, he was led by, I know not what circumstances to devote himself to the obstetric branch of his profession, and became Physician-Accoucheur to Queen Charlotte's Lying-in Hospital and to the Middlesex Hospital, and Lecturer on Midwifery, first at the Middlesex and afterwards at St. Thomas's Hospital, as well as Accoucheur to the St. George's and St. James's Dispensary.

During this time he wrote the only purely medical book of which he was ever the author, 'On Dentition and some coincident Disorders,' which appeared in 1834. It contains much that is both novel, and interesting, and suggestive, on the influence both of the first and second dentition on the health in general, and especially on the nervous system. Its involved style, however, betrays a want of clear thinking on the part of the author, and it is characteristic of his habit of mind that a book of 200 pages contains neither index nor table of contents.

Time and practice would have remedied these defects, but unfortunately his imagination ran away with his reason, and he left the lowlier walks of experimental medicine for the heights of spiritualistic dreamland. He took up with the half facts of phrenology without the sobriety which distinguished its great apostle, Andrew Combe. All the revelations of electro-magnetism found in him an ardent neophyte, and Faraday's hesitation to complete by speculation what was wanted in proved fact seemed to him due not to wrong-headedness only, but to something worse. In short, he was like a man who, catching through a parted cloud a glimpse of some distant landscape, should venture to map out the country, instead of waiting till the risen sun had dispersed the mist and enabled him to go through the sure but tedious process of a survey.

Not only was he, as his writings show, not a clear thinker, but his impetuous temper led him too often to use angry language towards his opponents, which did him, as well as them, injustice. Still, his intellectual defects were such as dulness is exempt from, while his personal good qualities were very high. He was kind and generous, and free from any petty feeling, and personally I was much indebted to him for kindness when I was appointed Lecturer on Midwifery at the Middlesex Hospital, where he then held the post of Physician-Accoucheur, in which I succeeded him.

One thing more remains to tell of him whose nature was so strangely mingled. The distorted images which he fancied that he saw in the spirit world first led him, as he himself told me, to realise another and a higher region of the unseen,

"All true, all faultless, all in tune,"

and so it came to pass that the blindness in which the last years of his life were spent was cheered by "light from heaven."

There still remain some names to notice. I cannot profess to take them in the exact order, and I fear that for want of knowledge I may not do them all full justice.

Dr. Shearman, of Rotherham, died in his 80th year on the 8th of October last. He was born at Wrington, in Somersetshire, studied at St. George's Hospital, passed the usual examinations, engaged with much success in general practice at Rotherham, and afterwards taking the extra Licence, and subsequently the Membership, of the College of Physicians, became a consultant in the town where he was so well known.

He had a large share in the establishment of the Rotherham Hospital, to which he was for many years physician, and besides was active in helping the different local literary and scientific societies of the place, and especially the Mechanics' Institute, to which he gave a large collection of books and instruments. He wrote a few papers on medical subjects of no great importance, but though a Fellow of our Society he never contributed to its 'Transactions.' He was a man of much ability, energy, and activity, all which continued to the last, and he took with him when he died the respect and regret of very many of his fellow citizens.

It seems but natural that a man should die at eighty, but when death strikes down the young man who filled a post of special usefulness which it seems to us that no one else can supply as well as he did, and when this premature death comes not in the form of any ordinary disease, but in consequence of an accident, and when that accident occurs in the discharge of highest duty, and in the endeavour to learn how best to save the life of others, there is a sadness which accompanies it far beyond the measure of any common sorrow. All this is realised in the case of the late *Dr. Koch,* of Colombo, who died of a dissection wound at little past thirty years of age, at the end of the year 1877.

I am indebted to my friend Sir Joseph Fayrer for the following tribute to Dr. Koch's memory.

"Dr. Koch," says he, "was one of my best pupils in the Medical College of Calcutta. He was a Ceylon student, and was, I believe, descended from one of the good old Dutch burgher families most highly respected. After finishing his studies in India, he came to England and graduated. He returned to Ceylon and became Principal and Professor in the Medical School at Colombo. He was the moving spirit, and the great supporter of all progress in that institution, and it proved to be a great success. He was a thorough gentleman, an excellent physician and surgeon. In all respects he was a good man, and his premature death was deplored as a national calamity. He died from the consequences of a dissection wound, in the full tide of his usefulness and the prime of life. I knew him well, and had the highest regard for him.

"You cannot speak too highly of him. You will, I am sure, touch a responsive chord in his own country when you speak well, as I think you will, of the early death of so good a man."

It is something, gentlemen, to deserve and to receive praise such as this.

My catalogue is unhappily a long one, but I must not pass without mention the *Rev. Dr. Peyton Blakiston*, late of St. Leonards, with whose tall figure and commanding person many of us were well acquainted.

He was a man of good family, the seventh son of Sir Matthew Blakiston, was educated at Eton and Cambridge, obtained a Fellowship at Emanuel College, and took holy orders. He held a curacy at Bilton in Warwickshire, and was afterwards the incumbent of Lymington in Hampshire. While there his health failed: he experienced threatening of affection of the chest, and went to Paris to consult Louis, then in the zenith of his reputation. On learning from that eminent man that he was not likely to regain the power of preaching in a large church, he resigned his living, and with that resolution which distinguished him through life he at once applied himself to the study of medicine, which he pursued at Cambridge and in Paris, and having obtained the Cambridge Licence to practice, he settled as a physician in Birmingham, drawn thither probably by his family connection with the Midland counties. I may mention as a proof of his energy, that while, in 1832, he preached the visitation sermon at Winchester; in 1837 he published an account, and a very good one, of the influenza at Birmingham. In 1841 he took his doctor's degree at Cambridge, and in 1843 he was admitted a Fellow of the College of Physicians, and in 1848, when he had already been, for some years, Physician to the Birmingham Hospital, he published the first edition of his book on 'Diseases of the Chest, which embodies the results of 122 carefully recorded cases.

In 1865 appeared his second, and still more valuable work 'On Diseases of the Heart.' The two books have much in common. They tell of honest, earnest work. They are eminently truthful, are evidently written with no second thoughts of self, but from the fulness of ripe experience; with thorough knowledge and appreciation of what had been done by others, and with anxious desire to come to a right conclusion. They are not light reading, but they well repay the labour, and if I were forming a library for a student I should certainly include in it Dr. Blakiston's 'Clinical Observations on Diseases of the Heart.'

The ungenial climate of Birmingham induced him to remove to St. Leonards, where for many years he was *the* doctor, and it would be hard to adjust the balance between what he owed to the fashionable health resort, and that to him. He wisely left practice when he felt the infirmities of age affect his body though not his mind, and in full intellectual vigour he retired to London, where I often met him at the meetings of the College of Physicians, though I had not the honour of a more intimate acquaintance.

In his retirement he yet was never idle. His "Clinical Reminiscences," published at first in the 'Medical Times' a year or two before his death, are shrewd, gossiping, but not without a more serious interest, as showing the changes which the past forty years have brought about in medical opinion and practice. His 'Remarks on Modern Society,' which appeared in 1877, are valuable, as showing the attitude of his own mind, the verdict of that "old experience" which the poet tells us, doth

> "Attain
> To something like prophetic strain,"

rather than for anything either new in their subject or in their mode of treatment.

Lastly, I have but this to say of him, as the conclusion of a well-spent life, "Felix etiam opportunitate mortis." In the enjoyment of intellectual vigour to the end he passed suddenly, almost painlessly, to the realization of the happiness to which he had long looked forward, for which he had long prepared. He died on December 17th, 1878, in his 78th year.

Concerning one of our deceased Fellows, elected in 1843, *Mr. Edward Pope*, who died at East Harptree, near Bristol, on June 4th, 1878, at the age of 77, I have been able to obtain no information other than is contained in the following lines. He was a M.R.C.S. and L.S.A., and took, in the year 1842, the Extra-Licence of the College of Physicians. He lived and practised at different places in Somersetshire; at Bridgewater, Somerton, and Glastonbury, in which last place he resided nearly twenty years, and in 1871 removed finally to East Harptree. He appears to have taken special interest in the pursuit of natural science, of which the Fellowship of the Geological and Linnæan Societies may be accepted as evidence. The good done by the country doctor as by the country parson, is not to be measured by the fame which accompanies or follows it.

Last year I had to mention the death of our greatest physiologist, *Claude Bernard*, and this year we mourn the loss of one of our greatest morbid anatomists, *Carl Rokitansky*, the worthy successor of Morgagni. And thus, year by year, we journey on like travellers by the Appian way, our road marked on either side by the tombs of the illustrious dead.

Claude Bernard and Carl Rokitansky had this in common, that they loved their work for the work's sake, with no selfish object beyond. The one investigated the hidden springs of life, the other studied the causes of decay and death; the ultimate object of both the same, to help to realize the motto of our Society—"Non est vivere sed valere vita."

Similar as they were in some respects, there were yet notable points of difference between them. Absorbed in his own pursuits Claude Bernard had no sympathies beyond, and as life would not suffice to solve all the problems which presented themselves to his mind, he devoted to them all his time and energy and thought, and lived like an anchorite in his cell, unshackled by the ties, unheeding the interests, unwarmed by the affections which bind most men to the world around them. Rokitansky, on the other hand, was a man of equal diligence, of most varied general culture, and of wider sympathies. He had a home, and loved it, and was loved in it; his wife was a most accomplished lady, a great linguist, a musician of high repute; while of his four sons two have followed medicine, two music; his family thus somewhat strangely dividing their allegiance to Apollo; some votaries of Asclepias, some of Hermes.

He rose by hard labour to posts of honour and usefulness; honour and usefulness were to him correlatives. The steps by which he climbed are recorded in various German journals, and in the admirable memoir from the pen, I believe, of the Librarian of the College of Surgeons, which appeared in the 'Medical Times and Gazette.' He was born at Königgrätz, in Bohemia, a name unwelcome now to Austrian ears, and received his early education partly there, partly at Leitmeritz, where his father held a government appointment. His mother was descended from an Irish family which had settled in Austria, and been ennobled in the seventeenth century—an incident which carries us back to the time of Wallenstein and the Thirty Years' War. He began the study of medicine at Prague, completed it at Vienna, and graduated there in 1828. He became assistant to Johann Wagner in the Pathological Department of the General Hospital, and on Wagner's death succeeded to his appointment. In 1842 he began the publication of his 'Manual of Morbid Anatomy,' and in 1844 was nominated Ordinary Professor, having for some years held the position of Professor Extraordinary. The second edition of his work 'On Morbid Anatomy,' expressing in many respects widely different views from those contained in the first edition, was published in the years 1855 to 1861.

But for work such as Rokitansky's, the recent advances in our knowledge of morbid anatomy would have been simply impossible. I prefer to give, as I am permitted, the estimate of Dr. Murchison, so much more competent than I to judge of the value of his labours.

"Rokitansky was not a clinical physician, and cannot be said to have been remarkable as an inquirer into the intimate nature of pathological processes; but he was a careful observer and an indefatigable collector of facts in morbid anatomy. He made the best use of his great opportunities in collecting and recording the morbid appearances of every organ and tissue of the body, which he had found in over 30,000 autopsies. The like had never before been done. His great work on 'Pathological Anatomy' was a register of well-observed and well-recorded facts, and became at once a standard for reference by all subsequent writers on morbid anatomy, while it furnished a fresh starting-point for new discoveries. The publication of this work not only effected a greater revolution in the study of pathological anatomy than even Morgagni's great work, 'De Sedibus et Causis Morborum,' had done a century before, but by making known the different morbid states to which any organ is liable, it contributed in no small degree to the perfection of clinical diagnosis."

In 1862 the Institute of Pathological Anatomy was opened; I suppose the most wonderfully elaborate and complete workshop that ever was constructed for the study of machinery spoilt beyond repair. It was on this occasion that Rokitansky gave an address which excited much attention, on "Freedom of Inquiry." The theme is an old one, nor even in ablest hands could its treatment be new. I find it in words written more than two hundred years ago, "Well knows he who uses to consider that our knowledge thrives by exercise as well as our limbs and complexion. Truth has been compared to a streaming fountain: if her waters flow not in a perpetual progression, they sicken into a muddy pool."

However some may have been offended, free thought found favour in high places; and in 1863 Rokitansky was appointed Referee for Medical Education in connection with the Ministry of Public Instruction, and also referee in all cases of medico-legal inquiry, or Gerichts-Anatom. There is no time to trace further his rise from one post of distinction to another, or to tell of all the honours, scientific or public, which he received. In 1872 he was nominated by the Emperor life member of the Upper House of the Austrian Legislature, and the Senator worthily maintained in his speech on Freedom of Instruction the opinions which the Professor had boldly announced. The last mark of favour which his sovereign conferred on him was graciously bestowed on his 70th birthday, when he received the cross of Commander of the Order of Leopold, an honour which brought with it his elevation to the order of nobility with the rank of Freiherr or Viscount.

He died somewhat suddenly of angina pectoris, from attacks of which he had occasionally suffered for some years, on the 23rd of last July. All the honours which the sovereign, the people, the men of science, or the student could pay were shown to him at his funeral. Old men lamented him as a brother, young men as though they had lost a father.

At the grave there befel an incident of most touching pathos. The dying Skoda had himself lifted from his bed of anguish and brought in his carriage to the grave-yard, where he sat watching the last of the friend whom he had loved all life long. And as he watched, he envied him the great rest which that friend had found, while bodily suffering wrung from him the cry, "I cannot die, and yet is my pain no less than his."

Skoda still lives, and still suffers. We can form for him, whose services in a different department of our art were scarcely less eminent than Rokitansky's, no better wish than this, that the lesson which pain was meant to teach well learnt, he too may enter into rest.

But one word more of Rokitansky, and this chiefly as a hint to those who seek in morbid anatomy an end instead of a means to an end. "My science," says he, "has brought healing to the sick bed." Our object this, or ought to be in all our inquiries.

And here, gentlemen, ends my task, and with it end my duties and my tenure of office; and it remains for me but to descend as best I may from the position to which two years since your kindness raised me. The position is the highest which a member of our profession can occupy, and to have one's name enrolled upon the honoured list of past Presidents of the Medical and Chirurgical Society may well satisfy any reasonable ambition, as it does mine.

I have very much to thank you all for, courtesy, forbearance, kindness, and for all and more than all this, I have especially to thank my colleagues on the Council, and the gentlemen who this year, as well as those who last year, filled the office of secretaries. But, besides the happiness which I have enjoyed in forming new friendships and confirming old ones, the position of your President has an element of satisfaction which none other in one's professional career affords. It is undisturbed by the anxiety as to whether it will open the way to this or that above it, or beyond it. It overpays all past labour, for it sets the seal of one's contemporaries' approval on one's past life; it is the compensation for growing old; for as the great Roman has said, "Omnium ætatum certus est terminus, senectutis autem nullus, recteque in eâ vivitur, quoad munus officii exsequi et tueri possis." And so in his words again, I take my leave of you.

"Hæc habui, de senectute quæ dicerem: ad quam utinam perveniatis! ut ea quæ ex me audistis, re experti probare possitis."

At the conclusion of the Address it was moved in terms of great eulogy by Dr. P. Black, seconded by Mr. Gay, and carried with acclamation—

"That the best thanks of the Society be given to the retiring President, Dr. Charles West, for the able and efficient manner in which he had presided over the meetings of the Society during his term of office, and that he be requested to allow his excellent and eloquent Address to be printed in the 'Proceedings.'"

The President returned a few words of thanks, and, with with some complimentary allusions to his successor in office, announced the result of the ballot for Officers and Council for 1879-80 as follows:

President.

*John Eric Erichsen, F.R.S.

Vice-Presidents.

Richard Quain, M.D., F.R.S. *Barnard Wight Holt.
*Charles Bland Radcliffe, M.D. *John Birkett.

Treasurers.

William Wegg, M.D. *John Cooper Forster.

Secretaries.

James Andrew, M.D.	Timothy Holmes.

Librarians.

George Johnson, M.D., F.R.S.	*John Whitaker Hulke, F.R.S.

Other Members of Council.

*John Harley, M.D.	William Morrant Baker.
*George Roper, M.D.	Henry Howard Hayward.
Octavius Sturges, M.D.	Matthew Berkeley Hill.
E. Symes Thompson, M.D.	Arthur B. R. Myers.
*Reginald E. Thompson, M.D.	Robert John Spitta, M.D.

Those gentlemen to whose name an asterisk is prefixed were not on the Council or did not fill the same office last year.

It was also moved by Dr. Barclay, seconded by Mr. H. Page, and carried unanimously:

"That this meeting desires to return its best thanks to the retiring Vice-Presidents, Dr. William Wood, Mr. Cooper Forster, and Mr. John Wood, and the other retiring members of Council, Dr. Robert Barnes, Dr. W. C. Begley, and Dr. Handfield Jones, for their interest and services in the management of the affairs of the Society during their period of office."

And also by Mr. Berkeley Hill, seconded by Mr. C. Macnamara, and carried with applause:

"That the cordial thanks of the Society be presented to the retiring officers, Mr. John Birkett, for his long and most valuable services to the Society as Treasurer; and to Mr. Wm. Scovell Savory, for his valuable services as Hon. Librarian during the past year."

PROCEEDINGS

OF

THE ROYAL

MEDICAL AND CHIRURGICAL SOCIETY

OF LONDON.

March 11*th,* 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—43 Fellows and 1 visitor.

Books were presented by Dr. Wilson Fox, Dr. B. Loewenberg, Dr. Mouat, Dr. Julius Pollock, Dr. Semple, Dr. E. C. Séguin, and Dr. Wm. Wood.

Mr. A. E. Cumberbatch and Mr. Malcolm A. Morris were admitted Fellows of the Society.

Mr. Arthur E. J. Barker, Dr. H. D. Pesikaka, and Mr. Frederick Treves, were proposed for election.

The following communications were read:

I. Remarks on One hundred and fifty Operations for Extraction of Cataract. By Charles Higgens, F.R.C.S., Ophthalmic Assistant Surgeon to Guy's Hospital and Lecturer on Ophthalmology at Guy's Hospital Medical School. (Received January 14th, 1879.)

(*Abstract.*)

The paper was accompanied by a printed table, in which were set down the sex and age of the patient, right or left eye, form of cataract, kind of operation, results and remarks.

The results were collected under three heads—successful, partially successful, and failures. Under the first head were 115—76·6 per cent., under the second 24—16 per cent., under the third 11—7·3 per cent. So that in 92·6 per cent. of the cases the sight was improved by the operation; in 7·3 no improvement took place, or sight was worse than before. Three methods of operating were described—extraction by small flap, by linear section and by oblique corneal section. One hundred and four cataracts were extracted by the first method, twenty-five by the second, and twenty-one by the third.

The advantages and disadvantages of the various methods were briefly alluded to. Iridectomy at the time of extraction or as a preliminary some time previously was strongly recommended. The relative advantages of upward and downward section were mentioned. The after treatment was given.

II. A Case of Secondary Trephining for Traumatic Abscess of the Brain; Recovery. By J. Whitaker Hulke, F.R.S., Surgeon to the Middlesex Hospital. (Received February 11th, 1879.)

(*Abstract.*)

An errand boy striking his forehead against a fence grazed it, and was momentarily stunned. He continued to work for seven weeks, during which time he had more or less pain in the forehead. Then retching and hemiplegia supervened. The frontal bone was trephined at the seat of injury. A small fissure was recognised in its outer table. The dura mater seemed healthy. An aspirator trocar being pushed into the brain pus rose into the syringe. The abscess was opened through the membranes with a knife, and in all about three drachms of pus let out. The patient recovered, but lost the sight of both eyes by optic neuritis.

The value of hemiplegia as significant of disease in the brain rather than of arachnitis is insisted on.

March 25th, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—25 Fellows and 4 visitors.

Books were presented by Dr. Acland, Mr. T. B. Curling, Mr. Berkeley Hill, Dr. R. N. Khory, Dr. B. Sanderson, the Director-General of the Army Medical Department, the Literary and Philosophical Society of Liverpool, the Obstetrical Society, the Pharmaceutical Society, the Royal Society of Edinburgh, the Berlin Medical Society, and the Royal Academy of Sciences of Amsterdam.

Dr. Alfred Sangster was admitted a Fellow of the Society.

The following communications were read :

I. Cases of Perforating Ulcer of the Foot, with Remarks. By William S. Savory, F.R.S., Surgeon to St. Bartholomew's Hospital, and Henry T. Butlin, F.R.C.S., Surgical Registrar to St. Bartholomew's Hospital. (Received February 11th, 1879.)

(*Abstract.*)

After some introductory remarks, and the relation of five cases of perforating ulcer which have come under their notice, the authors describe the general characters of the disease and discuss its pathology. From the symptoms which almost invariably accompany perforating ulcer, from an examination of the leg after removal in two cases, and from reports given in other papers, the authors believe that the disease is due to central or peripheral nerve lesion, especially affecting the sensory and trophic or vaso-motor nerves. Microscopic drawings of the condition of the nerves in two cases accompany the paper.

II. Case of Melanoderma, or Dark Maculæ in the Face, with corresponding change of Colour in the Hair. By George Gaskoin, Surgeon to the British Hospital for Diseases of the Skin. (Received March 11th, 1879.)

(*Abstract.*)

This case is one of melanoderma in the cheek, as to size little less than half-a-crown. It is somewhat lobulated but well defined, unilateral, situated on the right side of the face near the nose. The colour is intensely dark. It is not repeated in any region and there is no semblance of it elsewhere. The female who is the subject of this blemish or stain has undergone a previous change in the colour of her hair, which has turned from red (carroty) to black. The change took place when she was thirty years old. The disfigurement upon the cheek only commenced some nine years later; she is now forty-five years of age.

All the near relatives of this woman are of light complexion with carroty hair and light eyes. This was especially the case with her mother, and obtained with her brothers and sisters, and even with her children, but the patient's father, now deceased, was of dark hair and complexion, and she alone of his descendants takes after him in the colour of her eyes, which are of brown shade or hazel.

There is no instance of similar change in the family or blemish on the skin. No very strongly marked diathesis, cancer, melanosis or prevailing disease. There is also no admixture of foreign blood.

April 8th, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—75 Fellows and 17 visitors.

Books were presented by Surgeon-Major W. R. Cornish, Dr. E. C. Séguin, Dr. S. W. D. Williams, the Governors of Bethlem Hospital, the Lyons Society of Medical Sciences, and the New York Academy of Medicine.

Dr. Edward Woakes was admitted a Fellow of the Society.

The following gentlemen were elected Fellows:—Arthur E. J. Barker, F.R.C.S., Hormasji Dosabhai Pesikaka, L.R.C.P. Glasgow (Bombay), Edward Charles Stirling, F.R.C.S., and Frederick Treves, F.R.C.S.

The President opened the discussion on the Report of the

Scientific Committee on the Relations of Membranous Croup and Diphtheria, and the following gentlemen took part in the debate:—Mr. R. W. Parker, Dr. Bowles of Folkstone, Dr. Wilson Fox, Mr. T. Holmes, Dr. McIntyre, and Dr. Sansom. The further adjournment of the Discussion, to the meeting of April 22nd, was moved by Mr. Jonathan Hutchinson and seconded by Dr. George Johnson.

April 22nd, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—64 Fellows and 27 visitors.

Books were presented by Dr. Wilson Fox, the Zoological Society, and the Quekett Microscopical Club.

The following gentlemen were admitted Fellows of the Society:—Arthur E. J. Barker, F.R.C.S., Edward Charles Stirling, M.B., F.R.C.S., and Frederick Treves, F.R.C.S.

The adjourned discussion on the Report of the Scientific Committee on the Relations of Membranous Croup and Diphtheria was opened by Dr. George Johnson, followed by Mr. Jonathan Hutchinson, the mover and seconder of the adjournment. The following gentlemen also spoke on the question:—Dr. William Squire, Dr. Semple, Dr. Lownds of Egham, Sir William Gull, and Dr. Vivian Poore. The discussion was further adjourned to the next meeting of the Society on May 13th, 1879.

May 13*th*, 1879.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—64 Fellows and 20 visitors.

Books were presented by Dr. Engelmann, Sir Joseph Fayrer, Prof. J. Fergusson, Mr. George Gulliver, Dr. Hare, Mr. B. T. Lowne, Dr. Milroy, Mr. A. de Watteville, and Dr. C. West; the Royal Society, the Royal Society of Edinburgh, the Registrar-General, and the Editor of the 'Medical Times.'

The following gentlemen were proposed for election as Fellows of the Society:—S. Hamilton Cartwright, M.R.C.S., Andrew Clark, F.R.C.S., Horatio Donkin, M.B. Oxford, David White Finlay, M.D., Philip Alex. Holland, M.A., M.R.C.S., Francis E. C. Hood, M.R.C.S., L.R.C.P., Robert Lyell, F.R.C.S., and Thomas John Maclagan, M.D.

The discussion on the Report of the Scientific Committee on the Relations of Membranous Croup and Diphtheria, which had been a second time adjourned on April 22nd, was reopened by Dr. Barclay, and the following Fellows and visitors took part in the debate:—Dr. Heron, Sir Wm. Jenner, Bart., M.D., Dr. Wilks, Dr. Pavy, Dr. Fitzpatrick, Dr. Matthews Duncan, Dr. Thorne-Thorne, and Dr. James Andrew, followed by replies from the following members of the Committee:—Dr. Hilton Fagge, Dr. Greenfield (Secretary), and Dr. Dickinson (Chairman), who closed the discussion.

May 27th, 1879.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—27 Fellows and 4 visitors.

Books were presented by Mr. T. B. Curling and Mr. W. Johnson Smith.

The following communication was read:

On Deligation, for Aortic Aneurism, of the Right Carotid and Subclavian Arteries, with a new Species of Ligature. By Richard Barwell, F.R.C.S., Surgeon to, and Lecturer on Surgery at, Charing Cross Hospital. (Received March 10th, 1879.)

(*Abstract.*)

The author, reminding the Society that he has already recorded four cases of double ligature of these vessels, three of which were successful, pointed out that the same operation was in the present case undertaken, not for innominate, but for aortic aneurism. As this practice and the ligature used are new to surgery, somewhat lengthy remarks would be necessary, hence the details of the case must be briefly recorded.

John S—, æt. 36, grey and old for his years, was treated by Dr. Green for an aneurism of the aorta, which pressed upon the right bronchus, and by the middle of February, six weeks after admission into Charing Cross Hospital, that tube was very nearly closed, and the right lung occluded from the air, On the 15th, Mr. Barwell tied the right carotid and subclavian arteries with immediate sense of benefit to the patient, who continued to improve, air entering the lung freely, until the end of March, when some private news produced great excitement, and shortly afterwards symptoms of dilated aorta about the origin of the left subclavian appeared; these again diminished, so that in the first week of May the man was in a far better state, air entering the right lung, although some disease of that organ had been produced by the previous pressure.

Remarks.—The three large branches of the transverse aorta are not given off at right angles to the trunk, but so obliquely that the distal margin of the orifice of each lies lower than the proximal; from this distal margin run downward and to the right certain ridges which, acting on the blood stream, divert the current at that part into each orifice. These ridges divide the upper aspect and a portion of the antero-posterior wall into districts, one for each vessel.

A fibrous concretion detached from an aortic valve finds its way, as a rule, into the left carotid, a fact which has given rise to the idea that this vessel lies more in a straight line with the aorta than the right. Mr. Barwell showed the contrary to be the fact, that a probe passed down the left vessel impinged on the aorta near its origin, whilst one passed down the right artery enters the heart. He concludes that we can only account for concretions going into the left carotid by believing that on the right of the ascending aorta (the exact part was shewn in diagram) the blood current is more tranquil than on the left of that vessel. The two currents may be supposed to be separated by a line drawn from the left carotid orifice to the outer aspect of the origin of the aorta. Hence it may be concluded that for aortic aneurisms amenable to operative treatment, those that can be diagnosed as arising to the right of this line must be treated by tying the right vessels, those on the left by deligation of the left carotid.

The ligature used has been the subject of much care and experiment. Catgut has been shown to be unreliable for tying vessels in continuity; it does not appear that this depends on the method or period of soaking in carbolised oil. The author attributes its defects to the method of manufacturing the catgut itself; putrefaction in water enters largely into this process; different parts will have suffered in various degrees from putrefaction. But more objectionable even than this is the shape of the ligature, for it is difficult, perhaps impossible, to avoid dividing the inner coats of vessels tied with a round cord. Now, it is this division of the vascular coats that exposes patients to the dangers of secondary hæmorrhage, which has been the cause of death in almost every case hitherto recorded of tying the innominate or first part of the subclavian. An organisable ligature, which being flat does not divide the arterial coats, ought to secure surgery against this danger.

After many experiments the author hit on the idea of using the middle coat of the ox's aorta, which while quite fresh is to be prepared by separating it from the outer coat, and by cutting it spirally, thus making long, flat, tape-like ligatures, which are dried under suspension by a weight to remove superabundant elasticity. Just before use they are moistened to restore entire flexibility. Before attempting operative surgery with this material it was tested experimentally in various ways, and in the case recorded its action left nothing to be desired.

If the anatomical and physiological views propounded in the first part of this paper are correct, a precision, as yet wanting, will have been given to our operative procedures in cases of aneurism; while by the new ligature a degree of safety hitherto unattained will have been imparted to the operations themselves.

June 3rd, 1879.

JOHN BIRKETT, F.R.C.S., Vice-President, in the Chair.

Present—25 Fellows and 4 visitors.

Books were presented by Dr. Horace Dobell, Mr. Geo. P. Field, Sir H. Thompson, and Dr. Reginald Thompson.

The following communications were read:

1. On the Pathology of Lupus, with special reference to the appearances described as Giant Cells. By George Thin, M.D. (Received March 11th, 1879.)

(Abstract.)

The author prepared and examined portions of lupus tissue obtained from a case treated by excision by Mr. Morrant Baker at St. Bartholomew's Hospital, with special reference to several points in the pathology of the disease to which attention has been lately directed. He finds in this case confirmation of the views of Friedländer and Thoma in regard to the mode in which the cell infiltration and the destruction of tissue proceed. Groups of cells accumulate around certain blood-vessels as so many centres, each group constituting a nodule, the different nodules enlarging and finally coalescing. The disease extends by travelling along the blood-vessels, and the nodules form most conspicuously in the most vascular parts, namely, amongst the sebaceous glands, hair follicles, sweat glands, and in the papillary layer.

The sweat glands were carefully examined with a view to determine whether evidence of epithelial growth (as has lately been described by Professor Lang, of Innsbruck) could be found, but with a negative result, all the changes observed consisting in different phases of progressive destruction of the gland cells as the lupus infiltration becomes denser.

The condition of vitreous swelling and degeneration of the vascular coats, as described by Professor Lang, was observed, both in sections and in isolated vessels, but no evidence of growth of the capillary wall as a source of lupus infiltration was obtained.

The first lupus cells are found immediately external to the blood-vessels, and as regards size and appearance have much similarity to colourless blood-cells. As the nodule forms these cells become larger, and undergo some chemical change, as the contents of the nodules stain differently from the cells in the earlier stages. The author thus agrees with Thoma in considering that exuded white corpuscles are the probable source of the cell infiltration.

The appearances described by Friedländer as "giant cells" are analysed in the paper. They were found in the nodules of the sizes and forms described by that observer, and are identified as being similar to the elements so described by Schüppel and other writers as characteristic of tubercle, but the author cannot find any evidence that they are elements of a new growth or that they are developed from epithelioid cells. On the contrary, he has traced them backwards through connected stages to changes in the blood-vessels and their contents. The granular contents of the so-called cell are the products of disintegration of red blood-corpuscles, which first become welded into a homogeneous mass, this mass eventually becoming granular. Stages in which unaltered red corpuscles are still found in the mass, and in which the mass is only granular at some parts, can be found on the periphery of the diseased area, a characteristic eosin staining persisting uniformly throughout these changes. The peripheral nuclei of the "giant cell" can be traced to the endothelium of the intima, and the nuclei, which are more rarely found in its centre, are identical with those of colourless blood-corpuscles. The processes of the "cell" are connective-tissue elements connected with the adventitia of the vessel. The coats of the vessel appear to have been distended at the affected part, the "cell" being sometimes traceable as continuous with a blood-vessel of much narrower calibre. Different "cells" are connected by strips of vascular wall.

The author succeeded in isolating a cast of portion of a vessel, which was composed of a granular substance containing a few white corpuscles, and which had the optical and staining qualities of the so-called protoplasm of the "giant cell."

It is pointed out that the giant cell of lupus and tubercle is not identical with the giant cell of sarcoma, granulation tissue, &c., the latter element not being connected necessarily with a blood-vessel, and finding its type in the *myeloplâque* of young bone. Although the "giant cells" of lupus and tubercle are identical objects, it does not, therefore, necessarily follow that the diseases are of a similar nature, as the primary cause of the affection of the walls of the vessel may not be the same in each instance. In regard to lupus the evidence seems to point to the origin of the disease in the vessel itself, which is sufficient to account for the cell infiltration, the molecular disintegration of the fibrillated connective tissue and glandular elements, and the mode by which the morbid process extends.

II. On an Operation for the Relief of Patients who suffer severely from long-standing Hypertrophy of the Prostate, or from Vesical Tumour, with retained Urine; with five cases. By Sir Henry Thompson, F.R.C.S., Surgeon Extraordinary to H.M. the King of the Belgians; Consulting Surgeon and Emeritus Professor of Clinical Surgery to University College Hospital. (Received April 8th, 1879.)

(*Abstract.*)

When the patient has long ceased to pass urine by his own efforts, and has to pass the catheter with great frequency, and often with pain and difficulty, may it not be desirable to place a tube *en permanence* in the bladder, making an opening above the pubes for the purpose?

This may be done safely and simply, since there is a route into the bladder, by means of a staff, as in the "high operation" for stone. But as in these cases the bladder is usually small and contracted, it is to be opened rather *behind* than above the symphysis pubis, so as to make certain of not injuring the peritoneum. This may be done without difficulty by following the instructions laid down.

The author has applied the proceeding only in very extreme circumstances, with the view of rendering the short remains of a closing life tolerable; in three cases for hypertrophied prostate, in one for cancer, and in one for villous tumour.

And he proposes the question: May it not be desirable to

adopt such a procedure in some instances at a somewhat earlier period in the history of such cases?

III. Tumour in the Bladder removed by Perineal Incision; complete recovery. By Professor G. MURRAY HUMPHRY, F.R.S., Surgeon to Addenbrooke's Hospital. (Received April 8th, 1879.)

(*Abstract.*)

A man, æt. 21, in Addenbrooke's Hospital in September, 1877, with frequent painful micturition, great straining, blood in urine, with pus and crystals of oxalate of lime. Sound gave only negative information. Symptoms of about two months' duration. A mass could be felt, apparently in the bladder. The sufferings being extreme, Professor Humphry made an incision into the bladder, as for the lateral operation for lithotomy, and found a firmish tumour, with a ragged surface, attached by a pedicle to near the orifice of the right ureter. Partly by the finger and partly by forceps the pedicle was torn through, and the tumour was extracted with lithotomy forceps. The root of the pedicle was scraped out with the finger-nail. After a day or two of comparative ease the pain returned with great severity, requiring the injection subcutaneously of morphia, which had to be increased to large doses, and continued for more than two months; then the pain diminished and gradually subsided, the wound healed, and the patient completely recovered, and was quite well eighteen months after the operation.

June 10*th*, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—47 Fellows and 2 visitors.

Books were presented by Dr. Habershon, Dr. C. Kelly, Dr. Otis, the Royal Institution, the American Gynæcological Society, and the Editors of the Louisville Medical News.

The following gentlemen were elected Fellows of the Society:—S. Hamilton Cartwright, M.R.C.S., Andrew Clark, F.R.C.S., Horatio Donkin, M.B., David White Finlay, M.D., Philip Alex. Holland, M.A., M.R.C.S., Francis E. C. Hood, L.R.C.P., M.R.C.S., Robert Lyell, F.R.C.S., and Thomas John Maclagan, M.D.

The following communications were read:

I. The Movements of the Eyelids. By W. R. GOWERS, M.D., Assistant Professor of Clinical Medicine in University College, London. (Received February 11th, 1879.)

(*Abstract.*)

The object of the paper is briefly to consider some facts regarding the movements of the eyelids, a subject which has received little systematic consideration. Under normal conditions the lids leave the cornea approximately uncovered in all positions of the eyeball, moving with it. For these movements and for the voluntary closure and opening of the lids there are only two muscles, the orbicularis and the levator. These will not explain all movements, and it is probable that the eyeball itself moves the lids, not by the conjunctival connection, but by the pressure of the convexity of the sclerotic, and to a less extent of the cornea, the edges of the lids lying in or near the sclero-corneal sulcus. This effect is greatest on the upper lid, partly because the tarsal cartilages are attached at their extremities below the transverse axis of the eyeball. The eyelids are moulded on the globes, the shape of the palpebral fissure depending on the position of the eyeball, and being curiously altered in some abnormal lateral positions. In closing the eyelids gently the lower lid is raised by the palpebral orbicularis, in rotation up of the globe the lower lid is raised, not by the orbicularis, but by the pressure of the globe, and the movement is slight if the globe is very prominent. Depression of the lower lid in looking down is by the pressure of the cornea. The upper lid is maintained in position by the balance of tone between the levator and the orbicularis; if the latter is paralysed the lid is a little higher than normal. The descent of the upper lid on looking down is not by contraction of the orbicularis (for it is unaffected in facial palsy), but is by the pressure of the sclerotic against the tarsal cartilage. The lid is raised, on upward rotation of the globe, by the levator, the contraction of which, if sudden, is excessive. With this is associated a synergic action of the frontalis; the latter is sometimes habitual, and then is relaxed with the levator on looking down. The action of the levator, associated with that of the superior rectus, is beyond voluntary control, and, in the simulated ptosis of hysteria necessitates a strong contraction of the orbicularis to keep the lid down if the patient is made to look up. The associated relaxation on looking down prevents almost all voluntary contraction of the levator in that position. Gentle closure of the lids, as in sleep, is by the palpebral orbicularis, the levator being relaxed, the recti passive. Forcible closure is by the whole orbicularis, the levator being relaxed and dissociated from the superior rectus, which contracts, rolling the globe up. Hence, probably, the centre for strong closure of the eyelids is physiologically distinct from that for their gentle closure. If the orbicularis is paralysed the associated inhibition of the levator still occurs on an attempt to close the lids. But if the inferior rectus is paralysed a fruitless attempt to rotate the eyeball down is not attended with inhibition of the levator. This phenomenon, of which photographs are shown, is difficult to explain. Possibly this relaxation of the levator is not the result of a central mechanism, but is reflex from the commencing tension on the fibres, and so does not occur if the globe does not move. If so, the fact is of much interest in relation to the mechanism of other movements in the body. Lastly, it is pointed out that the eyelids commonly participate in the movements of the eyeball in vertical nystagmus.

II. Observations on the Ophthalmoscopic Appearances in the Tubercular Meningitis of Children. By George Garlick, M.D., late Registrar to the Hospital for Sick Children, Great Ormond Street. (Communicated by Dr. Gowers.) (Received March 11th, 1879.)

(*Abstract.*)

The ophthalmoscope discloses changes in the optic discs of about 80 per cent. of the children who die of tubercular meningitis. These changes fall under one of two heads, viz. optic neuritis or distension of the retinal veins alone.

As the discs vary physiologically in different individuals, and even in the same person the two are often not alike, progressive change is better evidence than can be obtained from a single examination. In a small proportion of cases the optic changes appear very early in the course of the disease, and enable a diagnosis to be made when the other symptoms are equivocal; this is the case when the meningitis is seated chiefly about the optic commissure. But the ophthalmoscopic changes are an important factor in the diagnosis in a much larger number of cases. The two forms of disc change, viz. optic neuritis and distension of the veins appear related respectively to meningeal inflammation and pressure. The intra-cranial pressure may result from excess of ventricular or of subarachnoid fluid, and gives evidence of its presence in the anæmia of the cranial contents.

The palsy of the limbs is mostly found on the side opposite to that hemisphere of the brain which presents the greatest meningeal affection. No such definite relation exists with regard to the optic discs. In many cases of tubercular meningitis which run an indefinite course, especially those which are secondary to some other advanced disease, the optic changes share the indistinctness of the other symptoms. The ophthalmoscope countenances the idea that some cases of tubercular meningitis recover, and even in fatal cases a temporary improvement may occur in the discs. Tubercles of the choroid appear to be an uncommon complication.

III. Case of Abscess of the Brain. By J. Sampson Gamgee, M.R.C.S., F.R.S. Ed., Surgeon to the Queen's Hospital, Birmingham. Reported by Mr. Lloyd, House-Surgeon. (Communicated by J. W. Hulke, F.R.S.) (Received April 8th, 1879.)

(*Abstract.*)

The patient was a boy, æt. 11, who was struck on the forehead with a stone on October 21st, 1878. This caused a small wound exposing the bone, for which he attended as an out-patient at the Queen's Hospital till November 28th, when a small scale of bone exfoliated; pulsation was detected at the bottom of the wound, and the probe passed into a cleft in the bone. No fracture had been detected at the time of the injury. On December 6th it was noted that pus was ejected from the wound when he coughed, and that it came evidently from the cavity of the skull. There were no definite symptoms, except that his hands and feet were cold, and his pulse very feeble. He was kept in hospital till January 1st, 1879, and then discharged as cured.

The wound was then covered with a small firm scab, and seemed to be healed. In a fortnight (Jan. 15th) he was again admitted on account of headache and vomiting, with rapid emaciation. The wound is described as being "a little moist," but no action was going on about it. He was rapidly losing flesh. The temperature was generally normal, but an evening fall of about one degree was noted. There was optic neuritis in both eyes. He continued to get worse, shrieking and wandering at night, but there was no paralysis. He was trephined, by Mr. Gamgee, at the seat of the wound on Jan. 31st, but no pus was found. The inner surface of the bone was slightly eroded, but the dura mater looked healthy, and did not bulge into the trephine hole. The symptoms were unaffected by the operation. On the following day he quite suddenly ceased to breathe. Mr. Lloyd, the house surgeon, found him apparently dead, but having revived him somewhat by artificial respiration, divided the dura mater in the trephine hole, causing an escape of about half an ounce of serum, but no pus, and then plunged a knife into the substance of the brain for about an inch, when pus welled up; a director was passed into this puncture and felt the base of the skull. Along this a thin drainage tube was gently passed, and curled itself up in the cavity of the abscess. The child was nearly dead, but revived with artificial respiration, and survived for a week, dying quite suddenly on February 8th. He was in a very weak and critical condition during this time, but was sensible and had no paralysis, nor any impairment of any of the special senses. Towards the end of his life he had been restless, wandering occasionally, with involuntary defæcation and micturition and slight twitching, but no distinct fits.

An abscess was found in the front lobe of the brain on the right side, nearly two inches in its longest diameter, and containing about an ounce of reddish-brown purulent fluid. It lay chiefly in the white matter of the brain below the convolutions, but had extended through to the exterior in one point at the base, just in front of the right olfactory lobe. From this point a thick layer of purulent lymph extended through the pia mater for a considerable distance backwards. The brain substance was much softened around the abscess, and the convolutions flattened.

IV. Cancerous Stricture of the Rectum successfully removed. By JOHN GAY, F.R.C.S., Senior Surgeon to the Great Northern Hospital. (Received April 8th, 1879.)

(*Abstract.*)

The patient, a lady, æt. 37, was conscious of having suffered for twelve months from symptoms which were clearly those of cancerous stricture of the rectum. She consulted the author of the paper in 1878, when he discovered a moderately tight stricture, formed of cancerous tissue, and ulcerated on its internal surface, about two inches and a half from the anus, occupying the seat of what is known as "Houston's third ligament," just above the tip of the coccyx. Defæcation had become difficult, and was often attended with violent straining and the passage of blood or discoloured and offensive sanious fluid. As her sufferings increased, and the necessity for colotomy became imminent, Mr. Gay (with the concurrence of Mr. Worley, of De Beauvoir Square, whose patient she was), after ascertaining that the stricture mass had formed no connections or adhesions with surrounding parts, but was movable amongst them, advised its removal, to which the patient gladly assented. This was done on the 4th of November, with Mr. Harrison Cripps' and Mr. Worley's assistance, in the following manner:—It was at first deemed possible to carry out this object somewhat after the manner that nature casts off portions of bowel, viz. by invagination, and with this purpose in view the operation was begun. The rectum was slit up behind to the coccyx by means of a strong bistoury, the patient having been placed under the influence of an anæsthetic by Mr. Cumberbatch, and the bowel reached below the stricture by cutting through the levator ani, fascia, and its other investments. The morbid growth was then detached from its surroundings by tearing, as well as a ring of healthy bowel, both above and below. An attempt was now made to invaginate the diseased bowel into the healthy portion below, but the absence of sufficient elasticity and mobility on the part of the textures concerned stood in the way of its accomplishment. Excision was then the only alternative, and this was done by cutting across the healthy bowel, first below and then above the disease, partly by the knife and in other parts by the benzine cautery. Some vessels required tying, and other bleeding was stopped by searing.

No attempts were made to bring the edges of the wounds together by force. They were simply laid together, and the whole dressed antiseptically.

The patient had a very good night's rest after the operation, and was sensibly conscious of having been relieved of the source of her suffering. Nothing untoward occurred for the first fortnight but vesical retention for two or three days, which called for the catheter, and fæcal incontinence unaccompanied by any pain.

From that period to the 10th of May, the date of the last report, her course was chequered. In December she had an acute attack of cystitis. When this had passed away she suffered from frequent and irregularly recurring attacks of abdominal spasms, with or without distension or obstruction, which terminated in severe rectal tenesmus. Under the influence of opiates and hot fomentations these subsided, and for a time passed off, but they did not finally cease until the vertical cleft in the bowel had healed. The surfaces of the cut sphincter were exceedingly sensitive, and it was supposed that the spasms were in some way connected with their rawness. After that some folds of skin at the verge of the anus became ulcerated by fæcal irritation and had to be removed. In the month of January it was found that a diaphragm had formed, by the thickening of submucous areolar tissue, in the neighbourhood of the internal sphincter, with an aperture that allowed the introduction of the forefinger. As the aperture did not appear inclined to become narrower, the barrier was not intentionally interfered with, for with its formation the fæcal incontinence lessened and the alvine discharges became consistent and, at times, hard, so that it was credited with the design of supplementing the suspended action of the sphincters. In April the patient began to fall away, and symptoms showed themselves which were consistent with a recurrence of the disease, and on examination cancerous nodules were found on the os uteri and adjoining vaginal tissue against the intestinal cicatrix, and no doubt could be felt but that they had formed in the cicatricial tissue as well. In May, however, her condition had improved in some respects. She was free from pain, the abdomen was soft, the motions more under control than they had previously been, and she took her food. Pain and difficulty in micturition, from which she had suffered during a part of the previous month, had also passed away. The local symptoms, however, were unchanged.

The author did not claim this as a successful case, but thought it deserving the consideration of the Fellows, inasmuch as it gave grounds for hoping that the surgery of the rectum had not been exhausted. It showed, *first,* that the system was more tolerant of severe injury to the rectum than had been suspected, for it bore without resentment the removal of a considerable and entire cylinder from that part of the bowel which closely adjoined the peritoneal cavity. The temperature did not exceed 100° at any time subsequently to the operation, and only rose to that point for two or three hours on the fifth day; and, *secondly,* that nature is quite adequate to the process of repair. It is admitted, too, that the processes of recovery were protracted and attended with great suffering, but on reviewing its steps and stages by the side of the painful symptoms with which they were accompanied, it is clear, the author thinks, that the troubles were due to the fact that, *throughout,* nature was deprived of the assistance of art. Had the sundered portions of bowel been brought more closely into apposition, the cleft in the sphincters been immediately reunited, and all portions of superfluous skin removed from the anus, the suffering must have been much ameliorated, the healing less protracted, and the probability of recurrence of the disease to a corresponding degree lessened.

The author offered some suggestions for utilising the rectum, *by slitting it up,* in cases in which nearer access is needed for *surgical purposes,* or even *exploration,* to the higher portion of the rectum, such, for instance, as cases of intussusception, impaction, fistulous passages, polypoid and other growths, ulcers, &c., and, moreover, that in cases of imperforate anus, taking the coccyx as the "landmark," and assuming that the *cul-de-sac* reaches as far as that bone or below it, the bowel might without danger be entered at that point and an opening be made from within.

The author concluded by stating that this case, although incomplete and, in *point of aim,* in all probability unsuccessful, might give confidence for future proceedings in the direction indicated, and that if so, it might, by its relation, conduce to mitigate suffering and to prolong, if not to save, life.

Mr. Howse exhibited at the commencement of the meeting a successful case of gastrostomy.

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

October 28th, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—53 Fellows and 4 visitors.

Books were presented by Mr. William Adams, Mr. John Birkett, Dr. G. Blandford, Dr. A. C. Buller, Dr. Busey, Dr. H. F. Campbell, Dr. Sidney Coupland, Dr. Raymond Caizergues, Dr. D. D. Cunningham, Mr. T. B. Curling, Prof. Czermak, Dr. Samuel Fenwick, Mr. J. Ferguson, Mr. R. W. Forrest, Dr. Wilson Fox, Dr. C. A. Gordon, Dr. Gowers, Dr. Noel Gueneau de Mussy, Dr. G. E. Herman, Dr. Wickham Legg, Dr. T. R. Lewis, Dr. Lancereaux, Dr. F. Marchand, Mr. H. Morris, Dr. T. Morton, Prof. Panizza, Sir James Paget, Dr. M. Ponte (Venezuela), Dr. W. H. Power, Dr. D. Powell, Dr. George Roper, Dr. H. B. Sands, Dr. E. C. Séguin, Dr. W. E. Steavenson, Mr. Streatfeild, Dr. Reg. Thompson, Mr. Wm. Thomson, Dr. Waring, Dr. Whitmore, and Prof. Virchow; from the Royal Society, the Zoological Society, the Medical Society of London, the Royal College of

Surgeons, University College, Guy's Hospital, St. Thomas's Hospital, St. George's Hospital, the Middlesex Hospital, the Medico-Psychological Association, the University of Durham, and the Bath Literary Institution; the "Société Clinique," the "Société de Thérapeutique," and the "Société Médicale des Hopitaux," of Paris; the Royal Bavarian Academy, the University of Christiania, the Philosophical Society of Adelaide, the Chinese Customs Office, the American Medical Association, the Smithsonian Institution, the Therapeutical Society of New York, and the Massachusetts Board of Health.

Three sets of Journals towards the completion of the "Philosophical Magazine" Series in the Society's Library, viz. 'The Philosophical Magazine or Annals of Philosophy,' by Taylor and Phillips; 'The London and Edinburgh Philosophical Magazine,' by Brewster; and the 'London, Edinburgh, and Dublin Philosophical Magazine,' 4th series (vols. i to xviii), have been presented to the Society by the widow of the late Mr. Charles Brooke, F.R.S.

Mr. Andrew Clark and Dr. David White Finlay were admitted Fellows of the Society.

The following gentlemen were proposed for election:— W. H. Allchin, M.B., W. W. Cheyne, M.B., Francis Darwin, M.B., Frederic S. Eve, F.R.C.S., T. W. H. Garstang, M.R.C.S., Marmaduke Prickett, M.D., George Henry Savage, M.D., John Henry Waters, M.D., and G. P. M. Woodward, M.D.

The reading of Papers commenced with

The Report of the Committee appointed by the Royal Medical and Chirurgical Society to investigate the subject of Suspended Animation: the comparative merits of the method at present used by the Royal Humane Society and that proposed by Dr. Benj. Howard, of New York, for the recovery of persons apparently drowned. (Received June 18th, 1879.)

The following communications were then read:

I. On a large Dermoid Cyst found in the Abdomen of a Man. By WILLIAM MILLER ORD, M.D., Physician to, and Lecturer on Medicine at, St. Thomas's Hospital, and C. BRODIE SEWELL, M.D. (Received October 11th, 1879.)

(*Abstract.*)

The cyst exhibited was removed, post mortem, from the abdomen of a gentleman, a patient of Dr. Sewell. It had not occasioned much suffering, but having caused wide separation of the recti abdominis was tapped to relieve pressure. About two pounds of liquid fat came away, but no more could be extracted. The tumour was not materially diminished. Peritonitis set in three hours after the operation and carried off the patient at the end of five days.

The tumour when removed weighed 14½ lbs.; was 10 inches broad, and 13 inches long, and was filled with fat, partly in a pulpy state and partly in a great solid cake. The fat consisted almost entirely of fatty acids, with a bare trace of butyric acid. It contained numerous hairs and much epithelium. The cysts presented hairs on its inner surface and sebaceous glands of great size beneath the surface, but no sudoriparous glands or regular papillæ.

The tumour was first remarkable for its great size as compared with the ordinary size of dermoid cysts. Next it was remarkable as occurring in the male abdomen. It was so intimately related with the rectum and bladder as to lead to the inference that it had its origin in connection with the genito-urinary organs. There was, however, no malformation of genital organs. The formation of a dermoid cyst in the abdomen might be explained, 1st, upon the idea of "fœtal inclusion;" 2nd, upon the idea of "developmental inclusion," such as gives rise to cysts in the track of branchial and other developmental fissures; 3rd, upon the idea of "aberrant development," according to which deformities arise out of the persistence of embryonic structures which should in the natural way disappear or undergo complete remodelling. Applying the last idea we may be reminded that the ovary and testis spring from one blastema, each being brought as it grows into communication with an excretory tube of different origin in each case. If any part of this blastema fail during development, to be brought into its proper system by means of its proper communications, the part so left out having lost its natural guidance, may be readily conceived as proceeding to irregular development. In such a case as the present, the destiny of the blastema being either ovary or testis, the fragment takes on ovarian ways and produces a dermoid cyst as an ovary might. If developmental inclusion were the causative process we should expect the tumour to be connected with abdominal walls. On the other hand, we have been unable to find any structural aberration in the genito-urinary organs. We are left to choose between fœtal inclusion and aberrant development, with an inclination to the latter founded upon consideration of similar ovarian tumours.

II. Description of a Malformation of the Genital Organs of a Man, with persistence of a Müllerian Duct. By William Miller Ord, M.D., Physician to, and Lecturer on Medicine at, St. Thomas's Hospital. (Received October 11th, 1879.)

(Abstract.)

The preparation exhibited had been taken from the body of a

man, æt. 36, who died in St. Thomas's Hospital of phthisis and complications.

At the most-mortem examination a large tube running from the head of the right kidney to the under aspect of the bladder attracted attention, and was supposed to be a supernumerary ureter. The skill of Mr. Stewart, Curator of the Museum of the Hospital, enabled him, after a careful examination, to reject this idea, and identify the structure as, probably, a surviving Müllerian duct. The tube beginning in a blind sac at the head of the kidney ends, without organic connection with any other structure, in the median line of the floor of the prostatic urethra, by a patulous orifice placed just above those of the ejaculatory ducts. The testis on the same side was undescended, being arrested in the inguinal canal; the vas deferens and vesicula seminalis on the same side were incompletely developed, but pervious; the external genital organs perfect, except as regarded the position of the right testis. A small glandular structure was found capping the right kidney, but separated from it by a fibrous septum. This gland was also in contact with the end of the blind tube. The gland had the structure of a renal organ, with evidences of contraction and degeneration. It was suggested that the tube was the right Müllerian duct arrested in an early stage of its retrogression, and that the gland represented a parallel state of the Wolffian body.

The only similar case of which Dr. Ord had been able to find record is shortly reported in the 'British Medical Journal' of September 6th of this year, as having been examined by M. Remy. The subject was a boy, æt. 6; the malformation was unilateral. The persistent Müllerian tube took much the same course, but its head was related with a number of cysts, supposed to be remains of the Wolffian body. The hydatid of Morgagni and the organ of Giraldés were both present.

III. A Case of Early Removal of the Diaphysis of the Tibia for Acute Necrosis, occurring in a Lad of 19. By Walter Pye, F.R.C.S., Assistant Surgeon to St. Mary's Hospital. (Received June 11th, 1879.)

(*Abstract.*)

The case reported was one of a lad, æt. 19, who was admitted into St. Mary's Hospital, with all the signs of acute necrosis of the tibia, and with coincident necrosis of the ungual phalanx of one of the fingers.

The necrosis ran a very acute course, and within three weeks of its development the diaphysis perished almost in its entirety. The patient's condition called urgently for operative interference, and after consultation with Mr. Herbert Page it was resolved to remove the necrosed shaft in preference to amputation at the knee-joint.

The operation of subperiosteal resection was accordingly performed and the whole diaphysis was removed, the periosteum being preserved by incising it along the whole of its anterior surface, and separating it where necessary from the necrosed or necrosing bone.

The patient made a satisfactory and tolerably quick recovery, with the formation of a very good new tibia. He was discharged from the hospital five months after the operation, and was able to walk on the limb three months later. There was little or no shortening, and the leg continues to be a very useful and shapely one. In the remarks which accompanied this report attention was drawn to the time in the history of the necrosis at which the bone was removed, to the age of the patient, and to the ease with which the bone was removed. Photographs of the bone removed and of the patient nine months after the operation were shown.

November 11*th*, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—39 Fellows and 1 visitor.

Books were presented by Dr. Léon Dumas, Dr. Norman Moore, Mr. R. W. Parker, Dr. E. C. Séguin, Mr. Spencer Watson, and the Royal Academy of Munich.

Mr. Robert Lyell was admitted a Fellow of the Society, and the following gentlemen were proposed for election:—F. H. Champneys, M.B., H. H. Clutton, M.B., F. J. Dawtrey Drewitt, M.B., William Munk, M.D., Robert Peel, M.R.C.S., and E. Noble Smith, M.R.C.S.

The following communications were read:

I. Case of Cholecystotomy performed for Dropsy of the Gall-bladder, due to the Impaction of a Gall-stone. By LAWSON TAIT, F.R.C.S., Surgeon to the Birmingham Hospital for Women. (Received October 14th, 1879.)

(*Abstract.*)

The author referred to the success attending ovariotomy as leading to the adoption of abdominal section for other pelvic and abdominal tumours likely to affect seriously the life of the patient, unless of a cancerous nature. Dr. Handfield Jones had the merit of first suggesting the extension of it, particularly to cases of threatened death from gall-stone impaction. Dr. Marion Sims was the first to follow out the plan, but unsuccessfully, and the present case was the first successful one.

The patient had been married eighteen years, had borne six children. Menstruation was normal, and health good till the summer of 1878. At that time she had spasmodic pains in the right side, aggravated by walking and lifting slight weights. A swelling noticed in September slowly increased, and during last winter pain became more intense, and she presented a cachectic appearance, suffering from incessant headache, sickness, and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumour, firm and elastic, without fluctuation, tender to the touch, and movable to each side. The urine gave only negative results.

At a consultation with the author's colleague, Dr. Edginton, no decided diagnosis was attempted, and the opening of the abdomen was agreed upon, which was performed on August 23rd in the middle line to the extent of four inches. The tumour was found to be a distended gall-bladder, containing a white starchy-looking fluid, and two large gall-stones, one lying loose and the other impacted in the entrance of the duct and adherent to the mucous surface. The latter was removed after a tedious and very difficult operation (fully described in the paper). The stone and fragments weighed 6·11 grammes. The wound in the gall-bladder was stitched up to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open, and closing the rest of the abdominal opening in the usual way. The operation was performed antiseptically under ether. The patient rallied completely in a few hours, and the dressings of the wound were found stained with healthy bile. The flow of bile from the wound continued till September 3rd. The wound was completely healed on Sept. 9th, when the patient began to take solid food, up to that time the diet having been restricted to milk and beef tea. On the 30th she went home quite restored to health.

A temperature chart indicated the evenness and rapidity of the recovery. An entire absence of symptoms of gall-stone rendered an accurate diagnosis impossible, but this was of less importance, as our improvements in abdominal surgery made an early exploratory incision for ascertaining the true nature of the disease feasible.

The author, in stating that he always used rigid antiseptic precautions in his abdominal sections, expressed some doubts as to his success being attributable in any way to them.

II. A Second Successful Case of Gastrotomy in Extra-Uterine Pregnancy. By Lawson Tait, F.R.C.S., &c. (Received June, 1879.)

(*Abstract.*)

This second case of gastrotomy in extra-uterine pregnancy was intended particularly to emphasize the propriety of operating by median abdominal section, and the necessity of leaving the placenta untouched; both lessons having been taught also in a third case, previously referred to, in which the section was vaginal and the placenta had been removed, which facts had undoubtedly been the cause of a fatal issue.

The patient in this case was a worn-down, anæmic, married woman, æt. 30, seen for the first time on March 1st last. Married three years; she had had no children, and her menstrual periods had been perfectly regular till September, 1878, when they ceased, the abdomen enlarged, and she thought herself pregnant. There was a large tumour, reaching above the umbilicus, fixed in the pelvis, of uniform solidity. The uterus was of normal size, bent backwards, and the tumour was adherent to the anterior wall, and slightly movable. It was diagnosed as retro-uterine hæmatocele. The tumour subsequently increased to double its original size, due apparently to the sudden formation of a cyst on its upper surface, in which some solid fluctuation was perceptible. An incision was made into the abdomen, with antiseptic precautions, on April 30th, and a cyst, full of fresh blood clot, opened; this was explored, but nothing throwing light on the case found, and the wound was closed. She rallied completely from the operation, but the pain was still intense and the opiates were increased.

On May 2nd red serous fluid began to ooze from the wound, and it was clear that the cyst cavity was suppurating. On the 6th and 7th several large clots came from the wound, and the cavity was cautiously syringed out with an antiseptic solution of phenol twice daily. On the 16th a piece of bone was removed, which proved to be a fœtal skull bone, of the third or fourth month, and an entire fœtus was drawn out through a hole in the original tumour, which led into the cyst previously opened. The fœtus, which was not more than three months old, was macerated and rotten. On the 17th eight or nine inches of the umbilical cord came away. On the 18th the patient was anæmic and exhausted, and for the next eight days extremely ill, but began to rally on the 26th, and on the 29th a large piece of placenta was extruded. The discharge then ceased, she began to take her food well, and the wound became healthy, and on June 10th had rapidly contracted.

The diagnosis was approximately correct, in so far that the lesion was one of the forms of hæmatocele, and the abdominal section was accidentally the means of saving the patient. The author made it a rule to open the abdomen in all doubtful cases, as to the nature of the tumour, where there seemed a possibility of benefit from operative proceedings; and in between fifty and sixty cases he, as in this, had had no reason to regret the proceeding. A temperature chart was attached to the paper.

At the commencement of the meeting Mr. John Gay showed two specimens of Stricture of the Rectum removed during life.

November 25*th*, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—31 Fellows and 2 visitors.

Books were presented by Mr. Edwin Chadwick, Prof. G. E. Rindfleisch, and the Committee of the Public Free Libraries of Manchester.

Dr. Thomas John Maclagan was admitted a Fellow of the Society.

The following communication was read:

Trephining for Traumatic Epilepsy. By JAMES F. WEST, F.R.C.S., Senior Surgeon to the Queen's Hospital, Birmingham. (Received October 14th, 1879.)

(*Abstract.*)

Mr. James F. West, of Birmingham, brought forward a case in which trephining had been successfully employed by him for traumatic epilepsy in a girl æt. 14. The injury was due to a blow from a stone, which caused fracture of the skull and concussion of the brain. Since 1871, when it was inflicted, the girl had been subject to epileptic fits, which had, year by year, increased in number and severity, until they had at last reduced her to an almost idiotic state. Two circles of bone over the site of the depressed fracture (which was, however, found to involve only the outer table) were removed on Nov. 25th, 1878, with antiseptic precautions. From that date the girl began to

improve; speech returned, also the power of controlling the bladder and rectum. Antiseptic treatment was discontinued on Dec. 3rd, and at the end of the month she left the Queen's Hospital cured, and from that time to the present she has had no return of the epileptic convulsions.

Mr. West gave a brief *resumé* of the surgical writings on the operation of trephining for epilepsy, calling special attention to the work of Dr. Le Just Championnière on the subject ('La Trepannation guidée par les Localisations Cerebrales,' Paris, 1878), and to the valuable paper by Dr. Echeverria on "Trephining for Epilepsy depending upon Injuries of the Skull," in the 'Archives de Médecine' for December, 1878. He considered that the trephine might be applied with advantage in many cases where epilepsy was dependent on a traumatic origin; that there were, owing to recent discoveries in physiology, valuable indications to be derived as to the exact nature of the lesion and the site at which the operation should be performed; and, lastly, that, with antiseptic precautions, trephining might at the present day be performed with a greater prospect of success than it formerly could have been, and that it might now therefore be looked upon as a justifiable operation.

December 10*th*, 1879.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—49 Fellows and 9 visitors.

Books were presented by Dr. Fairlie Clarke, Dr. Matthews Duncan, Mr. Malcolm Morris, Dr. M. Pietro, Dr. R. Quain, Dr. Fred. T. Roberts, and the Royal College of Physicians of Edinburgh.

Dr. Horatio Donkin and Mr. S. H. Cartwright were admitted Fellows of the Society.

The following gentlemen were elected Fellows :—William Henry Allchin, M.B., Francis Henry Champneys, M.B., William Watson Cheyne, M.B., F.R.C.S., Henry Hugh Clutton, M.B., F.R.C.S., Francis Darwin, M.B., F. G. Dawtrey Drewitt, M.B., Frederic S. Eve, F.R.C.S., Thomas W. H. Garstang, M.R.C.S., William Munk, M.D., Robert Peel, M.R.C.S., Marmaduke Prickett, M.D., George Henry Savage, M.D., E. Noble Smith, M.R.C.S., John Henry Waters, M.D., and G. P. M. Woodward, M.D.

The following communications were read:

I. Two Cases of Carcinoma of the Breast, preceded by so-called Eczema of the Nipple and Areola. By HENRY MORRIS, M.A., F.R.C.S., Surgeon to, and Lecturer on Practical Surgery at, the Middlesex Hospital. (Received October 15th, 1879.)

(*Abstract.*)

The paper contains the clinical history and the description of the post-mortem examination of two cases in which eczema of the nipple and areola was followed by cancer of the breast, and subsequently by diffuse secondary deposits in the liver and other parts of the body.

Hitherto no complete report of any similar cases has been published, although it is now five years since Sir James Paget first pointed out the connection between the two diseases.

Both the cases now reported differ in some important features from Sir James Paget's description, viz. in the extent of the so-called eczematous inflammation, in the length of time between

the commencement of the eczema and the supervention of the cancer; in the continuity of morbid changes between the seat of the eczema and the cancerous mammary nodules; and in the age of the persons—always women—affected.

The rarity of the cases in which cancer of the breast has supervened upon eczema of the nipple and areola is inferred from the fact that out of 305 cases of cancer or supposed cancer of the breast which were treated by the author in the cancer out-patient department of the Middlesex Hospital up to the end of 1878, these are the only two instances in which the association between the two diseases has existed.

II. Eczema of the Nipple and Cancer of the Breast: an inquiry into the Nature and Mutual Relations of the Morbid Conditions which have been associated under these names. By George Thin, M.D.

(Received November 11th, 1879.)

(*Abstract.*)

The paper deals with the condition of the skin of the areola and nipple in a case operated on by Mr. Henry Morris, and in another operated on by Mr. George Lawson. It further deals with the kind of cancerous tumour found in these two cases, and in another breast given to the author by Mr. Knowsley Thornton.

A clinical history of Mr. Morris's case is now before the Society. Mr. Lawson's case was that of a woman, æt. 52, in whom the affection, diagnosed and treated as eczema, had existed four years. The duration of a perceptible tumour in the breast is uncertain, but a year before the operation none could be felt. In Mr. Thornton's case a breast tumour had existed three years, and had been preceded for a year by a discharge from the nipple. The gland was atrophied and the skin over it puckered. The nipple was enlarged and covered with wart-like excrescences.

All the three tumours were of the kind which, when small,

localised, chronic, and without concomitant affection of the lymphatic glands, have been described by English and some German pathologists as adenoid or adenomas (the cases with a more malignant history clinically being confounded with the other or scirrhous type of mammary cancer). Similar tumours have been described by Waldeyer as examples of what he calls *Fibro-carcinoma cysticum mammæ*, by Labbé and Coyne as *Epithelioma intra-canaliculaire*, and by Cornil and Ranvier as *Carcinome villeux*.

The author endeavours to show that all the cases of eczema of the nipple with cancer of the breast which have been previously recorded, also belong to this category of tumour, and that the association with the more common or scirrhous variety of cancer has not yet been observed.

The cancer which is associated with the diseased areola and nipple is a cancer which takes its origin by a cell-formation in the lactiferous ducts. It extends by descending into the smaller ducts, and also by the continuous growth of columns of cells, which get into the connective tissue by breaking through the membrana propria both of the larger and smaller ducts. The forms assumed by the growth depend on the situation. In the cutis, and in some parts of the breast, the cell-columns resemble those of scirrhus and might be indistinguishable from them. In other parts, especially in the deeper parts of the breast, the tendency is to the formation of round columns and spherical masses of cells. The central cells of these columns sometimes break down and tubes are formed, and when this is the exclusive formation the appearance described as adenoma is seen. These columns sometimes combine to form large spherical masses, the central cells of which liquefy, cystic cavities being then produced. The external layer of cells, both of the small tubes and the large cavities, has a tendency to assume the columnar form, and sometimes the cells are typical examples of columnar epithelium. This columnar epithelium is the stamp of the origin in the columnar epithelium of the ducts, and with the formation of circular cell-groups, and the comparative absence of alveoli, affords a basis for the distinction of this duct-cancer from the scirrhous type or parenchymatous cancer. The author believes that all breast cancers can be referred to one or other of these forms, according as the original point of departure has been from the epithelium of the ducts or from the secreting epithelium of the acini; and that the nomenclature of breast tumours would be simplified by the exclusive use of some such terms as duct-cancer and parenchymatous cancer.

The author is not able to agree with those pathologists who make the presence or absence of a membrana propria the criterion of a duct- or parenchymatous cancer (adenoma or scirrhus). In duct-cancers he has found that newly-formed cell-masses may have no membrana propria, whilst large masses of secondary formation may have it highly developed. He has found it as a product of new growth around some cancerous masses, whilst other masses near them showed no evidence of it. It is found around cell-masses which do not seem to have been growing rapidly.

Around some cell-masses in this form of cancer he has found a considerable thickness of a layer of very minute fibres which have the optical and staining characteristics of fine elastic fibres. The layer is between the membrana propria and the fibrillated connective tissue, and is analogous to the layer of elastic fibres described by Henle as surrounding the large lactiferous ducts, but in extreme instances much exceeds it in extent. Its formation around masses of morbid epithelium in duct-cancer is regarded by the author as analogous to the formation of the normal elastic layer around the healthy epithelium of the large ducts.

The changes in the skin are confined to the epidermis and the papillary layer of the cutis, and the diseased area is sharply limited towards the healthy tissues; in one case the boundary being formed by a broad descending portion of epidermis, and in the other by a narrow groove on the superficial side of the rete mucosum.

In the diseased epidermis many cells of the rete mucosum had disappeared, leaving holes in their place. Many of the remaining cells showed signs of disintegration, both in the nucleus and cell-substance. The rete mucosum as a tissue was broken up into masses, between which the connection was sometimes very slight, and in some places it only existed as a ragged remnant.

In the papillary layer the bundles of connective tissue had to a large extent become disintegrated, and the space between the rete mucosum and the pars reticularis was filled with a granular substance thickly infiltrated with exudation cells. The deeper parts of the skin were healthy. Similar changes were found on the surface of the nipple, on which there still existed a ragged epithelium containing many degenerating cells.

These appearances show that the surface of the skin has been subjected to the action of a destructive influence radiating from the nipple, which prevented by its continuous action the restitution of the integrity of the rete mucosum and the bundles of the papillary layer, whilst the destructive effect was not sufficient to produce actual ulceration. The destruction of the deeper cells of the rete mucosum and of the connective tissue of the pars papillaris shows that the affection is not an eczema. There was no cancerous epithelium in the diseased-skin area.

The author believes that the evidence points to a slowly advancing cancerous change near the mouth of the lactiferous ducts, which at a very early stage leads to irritative effects on the superficial tissues of the nipple and surrounding skin, and eventually penetrates into the substance of the mammary gland.

The discussion on the papers of Mr. Morris and Dr. Thin was, on the motion of Mr. Butlin, seconded by Dr Moore, adjourned to the next meeting of the Society on January 13th.

At the commencement of the meeting Mr. Jonathan Hutchinson described a case of Vaccinia Gangrenosa, and exhibited the body of the infant which had been vaccinated three months before death from the arm of a healthy child.

Dr. Wheeler Brown exhibited a case of Chorea in a Dog.

January 13*th*, 1880.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—37 Fellows and 3 visitors.

Books were presented by Dr. Acland, Mr. E. Bellamy, Dr. Dobell, Sir Joseph Fayrer, Dr. W. R. Gowers, Mr. Berkeley Hill, Dr. Norman Moore, Dr. Miller Ord, Dr. E. Séguin, the Director General of the Navy, University College, the Pathological Society, St. Bartholomew's Hospital, and the Royal Institute of British Architects.

The following gentlemen were admitted Fellows of the Society:—Dr. Francis H. Champneys, Mr. Watson Cheyne, Mr. H. H. Clutton, Mr. Fred. Eve, Dr. William Munk, and Mr. Noble Smith.

And the following were proposed for election:—Mr. E. D. Maddick, Mr. W. A. Meredith, and Dr. David Ferrier.

The discussion on the papers of Mr. Morris and Dr. Thin on the relations of so-called Eczema of the Nipple and Cancer of the Breast was opened by Mr. Butlin, succeeded by the President, Mr. Erichsen, who summed up the principal points in the two papers, and by Dr. Thin and Mr. Morris, who severally replied.

The following communication was then read :

Description of Two Cases of direct Dislocation backwards of the Femur, with Fracture of the Rim of the Acetabulum; with remarks on the mode of production of Dislocations backwards. By Frederic S. Eve, F.R.C.S., Curator of the Museum, St. Bartholomew's Hospital. (Received December 1st, 1879.)

(*Abstract.*)

Case I. A middle-aged man threw himself from an upper-story window, and, in addition to fatal injuries to the head, sustained a sciatic dislocation of the right femur, which presented the usual appearances.

On dissection the head of the femur was found on a level with the lesser sciatic notch. The tendon of the obturator internus crossed the upper part of the articular surface, binding the head tightly down, and thus occasioning extreme rigidity of the limb. The posterior portion of the rim of the acetabulum was torn up. Only the posterior segment of the capsule was lacerated. Of the muscles, the gemellus inferior alone was torn.

After the dissection was completed the femur was readily reduced through the cotyloid notch.

Case II. A man, æt. 55, had his left femur dislocated in the neighbourhood of the great sciatic notch, by a fall of earth upon his back while he was stooping at work. The dislocation presented no unusual characters.

Reduction was effected by traction on the slightly flexed and adducted thigh, the ordinary manipulation having failed.

He died from a rupture of the intestine.

On dissection the head of the femur was found to have passed through the posterior portion of the capsule, on a level with the great sciatic notch, and apparently above the obturator internus.

The posterior portion of the rim of the acetabulum was torn up, as in the first case. The pyriformis, gemellus superior, and obturator externus were lacerated.

Remarks.—The cases, to some extent, support Mr. Morris's view, "that direct dorsal dislocations are always associated with fracture of the acetabulum, or head of the femur, or both."

In order to ascertain the absolute correctness of this statement the author tabulated all the dislocations backwards in the London museums, with the following results:—Direct dislocations 8; indirect, 1.

A dislocation is described as direct when the head of the femur passes directly backwards through the posterior portion of the capsule; indirect, when by abduction it passes out through the cotyloid notch and is drawn backwards by inversion.

In three of the eight dislocations there was no fracture of the posterior portion of the acetabulum; in four the acetabulum was fractured, and in the remaining case the head of the femur was fractured.

Cases of direct dislocation with fracture of the acetabulum appear from the table and records of cases to be comparatively common.

Various considerations as to the position in which the two forms of dislocation mentioned occurred rendered it probable that the indirect did not so greatly preponderate in frequency as Mr. Morris maintained.

The author found by experiment that the head of the femur could by manipulation in direct dislocations "above the tendon" be returned to the socket through the opening in the capsule by which it escaped, if in circumduction the thigh was somewhat widely abducted. Therefore the reduction of a direct dislocation by the ordinary manipulation "would not be difficult and destructive."

The untorn inferior portion of the capsule further did not obstruct reduction through the cotyloid notch after division of the obturator tendon.

A direct dislocation could not be produced experimentally, because it was impossible to apply sufficient force in the right manner. For example, in falling from a height on the outer side of the knee the thigh would be adducted, and the weight of the falling body thrown in an opposite direction; thus a great strain would be brought to bear on the posterior portion of the capsule, which would either be torn from the acetabulum or tear up the margin with it.

With regard to the cases first related, in one the dislocation was "above the tendon," in the other beneath and "below" it.

Mr. Wormald's and Mr. W. Adams' cases were instances of direct dislocation "below the tendon."

The distinction is important, owing to some difference in reduction.

In dislocation "above the tendon" reduction was effected either by manipulation, or if the acetabulum were fractured, more easily by extension, through the opening in the capsule by which it escaped.

In dislocation "below the tendon" the femur could be reduced through the cotyloid notch, as in indirect luxations.

The principal conclusions arrived at may be stated as follows:

a. That direct dislocation backwards does occur without fracture of the acetabulum.

b. It is probable that direct dislocation backwards is comparatively common.

c. That a direct dislocation "above the tendon" can be reduced by manipulation through the opening in the capsule by which the head of the femur escaped.

d. That the untorn inferior portion of the capsule is no obstacle to reduction.

January 27th, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—19 Fellows and 4 visitors.

Books were presented by Madame Czermak Laemel, widow of the late Prof. Czermak, and by the India Office.

Mr. C. T. Dent was admitted a Fellow of the Society.

The following Fellows were nominated by the President as a Committee of Audit to examine the Treasurer's accounts for the year 1879:

For the Council.	*For the Society.*
Mr. John Birkett, *V.P.*	Dr. Greenhow.
Dr. James Andrew, *Sec.*	Dr. William Ogle.
Dr. John Harley.	Mr. A. Durham.
Mr. Morrant Baker.	Mr. Thomas Smith.
Mr. Berkeley Hill.	Mr. C. Aikin.

The following communication was read:

On a Case of Aneurism of the Subclavian Artery treated by Amputation at the Shoulder-joint, and the introduction of Needles into the Sac. By Christopher Heath, F.R.C.S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital. (Received December 3rd, 1879.)

(*Abstract.*)

After reviewing the recorded cases of amputation at the shoulder-joint for aneurism of the subclavian artery, the author narrated his case. A man, æt. 48, subject to fits and paralysed on the left side, was knocked down in the street on September 12th, 1878, and sustained a comminuted simple fracture of the left clavicle, and had several ribs broken, including, as was found afterwards, the first rib. The patient was admitted into University College Hospital for treatment, and made an out-patient September 29th. He was readmitted on October 31st, on account of a pulsating swelling occupying the posterior triangle on the left side, which proved to be an aneurism of the third part of the subclavian artery. It being impossible to compress the artery between the heart and the aneurism, which rapidly increased in size, Mr. Heath amputated the paralysed arm at the shoulder-joint on November 4th, with antiseptic precautions and tying the axillary artery with a catgut ligature.

There was secondary hæmorrhage to the extent of four ounces ten days after, when the antiseptic dressings were necessarily abandoned. The patient made a good recovery, but the effect on the aneurism, if any, was so transient as to be practically nil. The aneurism continuing to increase in size, a leaden shield was moulded to it for support. On two occasions a grain of ergotin was injected into the subcutaneous tissue without benefit.

On January 1st, 1879, Mr. Heath introduced into the sac three pairs of fine sewing needles, making each pair to cross within the sac. Considerable clotting of blood took place around the needles, which were withdrawn on the fifth day. The aneurism gradually became solid, but bronchitis supervened and the patient sank on January 18th.

The post-mortem examination showed the aneurism to be cured, the sac being nearly full of dense fibrine and communicating with the subclavian artery by a very small aperture close to the broken first rib.

Mr. Heath concluded that Sir W. Fergusson's suggestion of amputation at the shoulder for aneurism is not a satisfactory proceeding, and recommended the introduction of fine steel needles as having all the advantages of wire or horsehair, with the gain of ready removal without hæmorrhage.

February 10*th,* 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—40 Fellows and 7 visitors.

Books were presented by Mr. B. T. Lowne, the Pharmaceutical Society, the Glasgow Pathological and Clinical Society, the Academy of Sciences of Munich, the Natural History and Medical Association of Innsbruck, and the Anatomical and Surgical Society of Brooklyn.

John H. Waters, M.D., was admitted a Fellow of the Society.

The following gentlemen were elected Fellows:—David Ferrier, M.D., F.R.S., Robert Alex. Gibbons, M.D., M.R.C.S., Vincent Dormer Harris, M.D., Edmund D'Istrio Maddick, M.R.C.S., and William Appleton Meredith, M.B., C.M.

Jas. William Browne, M.B., was proposed for election.

The following communication was read:

The Antiseptic Theory, tested by the Statistics of 100 Cases of Successful Ovariotomy. By W. LAWSON TAIT, F.R.C.S., Surgeon to the Birmingham Hospital for Women. (Received January 13th, 1880.)

(*Abstract.*)

In commencing his paper the author referred to the purely empirical character of the basis of medical opinion generally, and the difficulty, even in surgery, of obtaining a physical basis of reasoning. He ventured to indicate a more definite line of research, which he should apply to the antiseptic system, as being a theory practically now considered as one of the laws of biology. As far as we know no phenomena of putrefaction

occur without the admission of these so-called germs to the substance putrefying, and their origin in the putrefying fluid cannot yet be proved as an actual occurrence, for spontaneous generation can hardly be considered a part of the present process. He therefore assumed that the germ theory was substantiated, and that no process of putrefaction occurs except by the admission of resting- or swarm-spores of living organisms associated with putrefactive changes. Another point was that the materials on which experiments had been made have been dead, and no corresponding putrefactive changes have resulted from the admission of germs to living matter; for, as Dr. Roberts has stated, the hypodermic morphia syringe will inoculate a sterilised solution of dead organic matter, but there are no putrefactive changes from it in the healthy body, and there is no evidence that the changes which occur in blood poisonings, even when of local origin, have any analogy with a putrefying dead infusion. For instance, in rotting and decaying fruit the minute forms of life are confined to the decaying parts; how then can the advocates of the germ theory assume that their invasion is the cause of the decadence of vital phenomena, while it appears that such decadence, due to some unknown cause, is that which gives the germs their potential ascendancy, and enables them to do what during full vital action they could not effect? If the view of the germ theorists were correct, no surgical operation could be successful without rigid antiseptic precautions,—a cut should be followed by septic poisoning, and surgery must long since have become an extinct art.

The three factors on which the operating surgeon finds his success to depend are, the condition of the patient, the condition of his surroundings, and the nature and extent of the operation. In the author's special operation of ovariotomy apparent perfect health was not a certain indication of power to resist septic poisoning; the surroundings of the patient contained elements of far greater certainty, as shown statistically, in the danger from density of population; and in the third factor, the fatality of major operations as compared with minor, *e.g.* an amputation of the thigh as compared with that of a finger, seemed opposed to the legitimacy of the germ theory, and its powers as a cause of surgical mortality must be much exceeded by the power of vital resistance in the tissues and the extent of the operation. The author illustrated the point by a case of trivial operation never known to result fatally, in which he had seen a hundred minutes occupied in antiseptic precautions for what could itself be performed in three, and his conclusion was that in minor operations germs have no influence, and in major, that the condition of the patient to resist their influence was of the most importance. The author admitted the difficulties connected with what constitutes a major operation, and with the different rates of mortality in such operations, and the necessity, therefore, for conducting the examination by the careful grouping of similar cases together. Statistics by themselves could not prove anything, but they could show the direction in which individual analysis should be conducted.

One of the dangers of antiseptic surgery appeared to be that it was thought that many operations, hitherto considered impossible, might be undertaken safely under its influence, and that, as a road to surgical success, it placed the skilled and the inexperienced on a common level, but he feared there have been bitter lessons learned, showing that an antiseptic spray would not compensate for the want of manipulative dexterity. He thought also there was great risk of the condition of the patient and his surroundings being overlooked in an inattention to general hygiene.

The advance of surgery, as shown in the case of ovariotomy before antisepticism was applied, must have some credit given to it in the matter, and in the careful analysis required no rough aggregate of operative results could be of use, but in a particular operation, such as ovariotomy, these results pointed in direction of important and profitable research. In ovariotomy a large group of 100 cases must present more features similar to another 100, from the same attention to minute details and the same state of the surroundings common to both groups, than probably in any other surgical operation; and the growth of personal experience and skill in the operator will show a gradual decrease of mortality, as notably illustrated in the practice of Dr. Keith, where it fell successively from 11 to 8 and 6 per cent. before he used antiseptics; and also in the experience of Mr. Wells and the author (from nineteen in the first to three in the second fifty).

Mortality results indicate only the increase of skill, for a recovery after ovariotomy is the sum of a number of efficient details, but a death may be the failure of one detail only, not perhaps under the control of the surgeon. In the three deaths of the author's second fifty cases two were due to details beyond his control, and had no relation to the antiseptic system; and the third, with full antiseptic details, was due to the irritating effects of thymol. In twenty-nine cases treated antiseptically there were two, and in twenty-one cases without antiseptic precautions only one death.

Mr. Spencer Wells' statement relating to the marked improvement in his results since he had used antiseptics must be qualified by the fact that he had concurrently adopted the intra-peritoneal method of dealing with the pedicle—a method which had been very successful in the hands of Dr. Keith and of the author, and the statistics of which go to prove that little can be attributed to antiseptic precautions, though the author is not prepared to say that they were entirely without result.

Reference was made to the fact (alluded to in a previous paper) that some of the details of the antiseptic method prevented the healing of wounds, which was the uniform experience of the author as opposed to the success attending Mr. Wells's dressing of dry lint.

The author then referred to an untried method for indicating the value of an individual detail such as the antiseptic system from an examination of the method of recovery of the patient; the basis of the antiseptic claim being that it prevents septic poisoning or fever, and the deaths in ovariotomy usually occurring from the incidence of fever. The antiseptic system, therefore, must uniformly facilitate recoveries, as in non-antiseptic cases the germs will enter the peritoneum and theoretically produce fever in every case, and only, therefore, where the septic poison is counteracted will recovery be obtained. If, therefore, we find a marked difference between the temperature- and pulse-curves of cases treated antiseptically and those not so, in favour of a less febrile course of recovery in the former, it will go towards establishing Mr. Lister's views; if there be no difference the question is just where it was; but if a difference in favour of the other side, then he thought the germ theory would probably fade away from professional acceptance as other fair visions had done before.

The author then gave details of the system of temperature and pulse observations, which he always had taken by trained nurses, for ten days succeeding on ovariotomy; convalescence not being fully established till the eighth day, and not complete till the tenth. He attached more value to the pulse curves than to those of temperature, as he found that a rise in them more gradually and more certainly indicated something wrong in the patient. The temperature also rises uniformly at night during recovery, whilst the pulse does not do so after the fourth night, the critical night of an ovariotomy; and in a case ending badly, while the temperature does not rise to any remarkable height, the pulse rises continuously till it disappears. Comparisons were given of the curves in the figures as they related to cases treated by the clamp, or the intra-peritoneal method with or without antiseptic precautions, the non-antiseptic cases having a better pulse curve than the antiseptic, and their time of recovery being one day shorter; and, judging from both temperature and pulse curves, the non-antiseptic and short ligature method gives a better and shorter recovery than any other,—the nocturnal acceleration of temperature in the antiseptic cases being caused by the suppuration of the wounds due to the irritating effects of the gauze dressings. The author stated that he had found more satisfactory results from dry-lint dressings, and had given up antiseptic dressings (when used) after the seventh day, and used oxide of zinc ointment to facilitate the healing of the wounds. His experience had been confirmed by Prof. Hegar, who in öophorectomy had given up antiseptic precautions.

In figures which he had constructed with regard purely to the Listerian method, regardless of methods dealing with the pedicle, it was shown that it had no paramount influence, the high temperature in the sixth and seventh evenings visible in both figures being clearly derived from the use of the clamp; and the curve of temperature being decidedly higher for the antiseptic cases, while the pulse curve in the recovery of the non-antiseptic cases was more even and shorter.

In conclusion, the author said that he did not attribute the delayed recovery to the use of Mr. Lister's processes, but he wished to show that the recovery of his patients was not facilitated by them; he had followed closely the published details of those who advocated the antiseptic system, and was at first strongly impressed by its influence, but after a large experience he began to suspect that he was attributing to it effects due to other causes, and his suspicions were confirmed by the facts given in the paper, which would cause him to modify his conduct in the dressings, &c., though he should continue to employ the antiseptic precautions during operation, unless a wider experience decided that they also might be given up.

February 24th, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—27 Fellows and 9 visitors.

Books were presented by Dr. Lauder Brunton, Dr. John Cockle, Mr. Harrison Cripps, Mr. Geo. Gulliver, Dr. F. R. Hogg, Dr. Wm. Murrell, Dr. Wm. H. Robertson, Mr. Jolliffe Tufnell, the Royal College of Physicians, the Royal Institution, the Clinical Society, and the Port of London Sanitary Committee.

Dr. Robert Alex. Gibbons was admitted a Fellow of the Society.

The following communications were read:

I. Contribution to the Experimental Pathology of Spirillum Fever. By H. VANDYKE CARTER, M.D., Bombay. (Communicated by Dr. ANDREW.) (Received December 20th, 1879.)

(*Abstract.*)

Its communicability by inoculation to the monkey. — The author's experiments were made by injecting the blood of fever patients beneath the skin of the common Indian monkey (*Macacus radiatus*). Forty-four trials were made upon fifty-one of these animals. Of thirty-one inoculations made with spirillar blood, twenty-two were successful and nine failed; all nine inoculations of non-spirillar blood and seven of desiccated blood (mostly infective when fresh) gave negative results; four injections made with saliva of fever patients and a healthy man produced serious but non-specific results. These experiments are described in the first part of the present communication, and in the second they are analysed and discussed. The instances of failure with infected blood were those of inoculation at a period prior to the onset of fever, at the beginning of high fever, at the acmé of attack with high temperature, and at the end; also when other blood poisons coexisted with the spirillar. As to discordant results, it is stated that the balance of evidence is against the likelihood of infection during the non-febrile incubation period; and as to contagion being a disturbing influence, it was never proved during these experiments, though its possibility is admissible.

Adverting to the positive series, it is first pointed out that the normal temperature of the monkey is about 3° F. higher than that of man; the minor perturbations of body-heat after apparent failure of inoculation are alluded to as possibly indicating quasi-abortive infection. As to general conditions, experiment was made from man to the animal, and from one animal to another, without any selection of cases. The pyrexia artificially induced corresponds with the first or invasion attack of man, and differs only in its more varied form and briefer duration. Relapses were so rare and irregular in the monkey as to be plainly more incidental than in the human subject. It is especially pointed out that the sole febrile event may consist of a short and comparatively trivial rise of temperature, such as might be overlooked. This occurs only in the secondary attacks of man. The particular features of the pyrexia are next described in its beginning, course, and end. The maximum temperature attained (about 107° F.) is the same in both man and animal, and so too the form assumed of continued, remittent, or paroxysmal type; the abrupt onset and prompt termination of the attack are also alike, only the fall is not quite so marked in the lower creature. Rebounds of temperature or secondary fever were observed here as sometimes in man, and death may occur during this sequelar phenomenon. The post-mortem appearances noted in the bodies of animals at different stages of the fever are mentioned, the chief being inflammation of the stomach and small intestines throughout, with petechial extravasations beneath the serous and mucous surfaces. Then follows a summary of microscopical observations of the blood. It is pointed out that the usual delineation of the spirillum as a rigid spiral filament does not represent the aspect of the active organism, but rather its quiescent state, for immediately on withdrawal the parasite is usually seen to be highly flexible, and to assume the forms of curved, knotted, or twisted filaments, or even of rings, such as neither the spirilla proper nor the spirochæte (of Ehrenberg) were ever seen to imitate. The abundant swarming and clustering of the filaments are here, at least, as striking as in the relapsing fever of man, and the organism is apparently the same. Multiplication by mid-fission and the growth from small round particles were clearly indicated; special inquiries were made regarding the state of the blood issuing from the spleen, liver, lungs, kidneys, &c., during fever, and it would seem that in splenic venous blood the parasite most abounds, being probably developed within the endothelial and white blood-cells. Another point of interest determined is the constant presence of the blood spirillum during the latter part of the incubative period of fever; this has been established for man as well (for the first relapse), and hence the proposed division of all pre-febrile periods (or apyretic intervals) into a non-spirillar and a preliminary infective stage; symptoms (premonitory of febrile exacerbation) may or may not be detected at the latter stage.

The author finds that the severity of the comparative attacks is not indicated by the length of incubation period. Intensity of infection increases by repetition; even in man the blood at invasion attacks is not so active as that of relapses, and the monkey's blood, at second remove from man, was found to produce a fatal result in the two instances it was made use of.

Lastly, a note is appended on the connection between the results of inoculation and of artificial culture of the blood, it being pointed out that the infective quality of the blood, as represented by the parasite it contains, corresponds in some degree to the readiness of this organism to grow and multiply outside the body. The spirillum may be readily induced to develop into a mycelioid form of great luxuriance and beauty.

The main conclusions arrived at are—1st. That the spirillum fever (relapsing fever) of man is directly transmissible to a quadrumanous animal. 2nd. That there occurs a non-febrile infection of the blood prior to "fever." 3rd. That though the blood-spirillum was never seen in the monkey without fever ensuing sooner or later, yet the pyrexia is secondary in time, and is susceptible of highly varied manifestations; and the spirillum disease might be defined as essentially a *mycosis sanguinis propriâ cum febre.*

Charts and specimens of blood accompany this paper, and it is mentioned that the inoculation experiments have been repeated in Germany with success. *Vide* the 'Deutsche Medicinische Wochenschrift,' Berlin, No. 25, dated 21st June, 1879, p. 327.

II. A Contribution to the Non-Glandular Theory of Origin of Molluscum Contagiosum. By ALFRED SANGSTER, B.A., M.B., Lecturer on Skin Diseases at the

Charing Cross Hospital. (Received February 6th, 1880.)

(*Abstract.*)

Molluscum contagiosum is still looked upon in this country as a disease of the sebaceous glands. The disease is a well-marked one, and, from description, it is clear that authors who have treated of its pathology have been perfectly familiar with its appearances; hence an additional difficulty in accounting for discrepancy in opinion, as error in diagnosis is almost impossible. As long ago as 1865 Virchow stated his belief that the disease had nothing to do with the sebaceous glands: that it was due to hyperplasia of the cells of the rete at the mouth of hair follicles; he called it "epithelioma molluscum." C. Boeck, in 1875, turned his attention chiefly to the nature of the molluscum bodies; he arrives at no definite conclusion, but shows them to be due to degenerative changes (affecting the nucleus first) in cells which are identical with rete cells, the change being neither fatty nor amyloid. Lukomsky (1875) showed the epidermal nature of the disease, and believed the molluscum bodies to result from degenerative changes in wandering cells in the rete. An attempt is made by the author to support the theory advanced by the Continental observers. Moreover, it is shown that the peculiar degenerative changes (molluscum bodies) has to do with the superficial layers (granular and corneous) of the epidermis.

Reference is made to specimens prepared from the earliest molluscum lesions obtainable by a vertical section through a small molluscum tumour, traversing the "umbilication" or central depression. The rete is seen in direct continuity with the longitudinally divided lobular expansions of the new growths; that part which has undergone molluscous change (molluscum bodies) is clearly demonstrable by its different behaviour to logwood. Lobular masses of new growth, having a deceptive gland-like character, appear isolated, being, in fact, outlying expansions from the main body of the growth transversely divided. The next specimen referred to is a vertical section through a minute molluscum; the section being made remote from the "umbili-

cator" or central depression; no communication of the new growth with the surface is seen.

Three distinct regions of the growth are recognisable: (1) Peripheral rete-like cells, those marginally placed being elongated and vertical. (2) Nearer the surface are seen translucent, vitreous-looking molluscum bodies, lying in the meshes of a granular reticulum; this in places becomes continuous with groups of diamond-shaped granular cells, exactly similar to those of the granular layer seen in the normal epidermis. (3) More superficially placed are transparent structureless molluscum bodies lying in apposition. Other specimens are figured, and, from appearances, the conclusion is drawn that molluscum contagiosum is a disease of the epidermis, in which three layers take part. The cells of the rete go to form the peripheral portions of a molluscum growth. The changes affecting them are probably simply hyperplasic, and consequent upon the peculiar molluscous change (molluscum bodies). The cells of the granular layer degenerate and form the deep molluscum bodies; those more superficially placed being associated with the corneous layer. If the peculiar changes of molluscum contagiosum take place in the granular and corneous layers it is argued that the disease can have nothing to do with the sebaceous glands, in which structures these layers are not represented. Molluscum bodies are shown lying amongst prickle cells, another proof of their epidermal origin.

A case of True Leprosy was shown at the meeting by Mr. James Startin.

ANNUAL MEETING.

March 1*st*, 1880.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—54 Fellows and 3 visitors.

The President, on taking the chair at 8 p.m., stated that

ABSTRACT OF THE INCOME AND EXP

For the

RECEIPTS.

	£	s.	d.		s.	d.
Subscriptions, Fees, &c.:						
279 annual subscriptions, at £3 3*s*.	878	17	0			
32 admission fees, at £6 6*s*.	201	12	0			
7 composition fees in lieu of further payment of Subscriptions	36	15	0			
1 composition fee for 'Transactions'	6	6	0			
Fines	0	5	0	1	19	6
Transactions, &c.:						
Sale of Vol. LXI, by Messrs. Longman	41	7	10			
„ previous volumes by ditto	15	9	8			
„ Transactions, &c., by the Society	0	18	6	9	19	4
Payments from Societies:						
Contribution towards expenses from the "Pathological Society"	63	0	0			
Ditto from the "Obstetrical Society"	42	0	0			
Ditto from the "Clinical Society"	47	5	0			
Interest:						
On Stock £3224 12*s*. 6*d*. (3 per Cent. Reduced)	94	14	6	8	17	11
Deduct Banking Expenses	0	11	9			
Total Ordinary Income for 1879				3	16	9
Receipts towards Expenditure on Catalogue—						
„ Produce of Sale of Stock	500	0	0			
„ Sale of Catalogue to December	60	10	0	8	13	0
Amount paid on account of ditto last year, redebited in total of £614 7*s*. contra				3	11	3

the Ballot for the Election of Officers and Council for the ensuing year would be open for one hour, and nominated Dr. V. Poore and Mr. R. W. Parker as Scrutineers.

The audited Balance-Sheet of the Income and Expenditure of the Society for the year 1879 [see p. 463*] had been previously circulated among the Fellows, and was, therefore, as usual, taken as read, and the reading of the Report of the President and Council was at once commenced by the Hon. Sec. Mr. Timothy Holmes, as follows:

The President and Council have great pleasure in laying before the Fellows a statement which shows the continued prosperity of the Society as evidenced by the increase in the number of its Fellows.

The number of deaths among the Fellows is 17, which is 2 above the average of the last five and twenty years. This includes 10 resident, and 7 non-resident Fellows; and the Council are grieved to add that many important workers of the Society, whose faces have long been familiar at its meetings, are numbered among them.

The number of new Fellows elected during the year has been 32, which is 12 above the average of the same period (25 years), and of these, 26 are resident, and 6 non-resident.

Three resident Fellows have become non-resident, and 2 non-resident have become resident. There has been one resignation, and no erasures of names for non-payment.

Composition fees have this year been paid by 7 Fellows, all of them being entitled to make the final composition of five guineas.

The number of Subscriptions has continued to take the favorable upward turn which it began two years ago from 258, and has this year reached 279; and the total number of Fellows, honorary, resident, and non-resident, has increased from 666 to 679.

The following statement shows the above statistics in a tabular form:

TABLE OF FELLOWS.	Honorary.		Resident.			Non-resident.		Totals.
	English.	Foreign.	Composition for Subscriptions.	Paid Subscriptions for 1879-80.	Additional to pay for 1880-1.		Compounded for 'Trans.'	
December 31st, 1878 . . .	11	19	75	265	...	198	68	666
Elected Dec., 1877, to April, 1878, but not subscribing for Session 1878-9 . . .	...	...	...	+25				
Ditto, Dec. 1878, not subscribing for 1879-80 . .	...	...	...	...	+6			
Deceased during 1878. . .	...	...	...	—1	...			
Ditto, ditto	...	...	...	—1	...	...	...	—1
Deceased during 1879 (in Report, March, 1880) . .	...	...	—3	...	—7	—5	—2	—17
Paid composition fees, 1879 .	...	...	+7	—7				
Resident became non-resident	...	...	...	—3	...	+3		
Non-resident became resident	...	...	...	+2	...	—2		
Resigned from March, 1879 .	...	...	...	—1	...	...	...	—1
Erased for non-payment . .	...	...	...	...	...	...	...	...
Elected 1879 (Feb., April, and June	...	...	...	...	+16	+2	+1	+19
Ditto, 1879 (Dec.)	...	...	...	...	+10	+3	...	+13
Totals, Dec., 1879	11	19	79	279	+25	199	67	679
(March, 1880)			383			266		

The receipts of the year for subscriptions and admission fees, owing to the additional number of Fellows just referred to, exceed those of last year by about £130. The other items of receipt are nearly identical with those of the previous balance sheet.

The ordinary expenditure is slightly greater than the average of the last three years, owing to an increase in some items of lighting, warming, and repairs; the other collected groups of items are almost the same, the Library account being slightly less, and the 'Transactions' about £20 more. The "Scientific Committee" expenses have exceeded those of last year by about £24.

The great item of extraordinary expenditure has been the new Catalogue and Index, the cost of which amounts to

£614 7s. This exceeds the original estimate by about £38. The total expense has been met by the receipt of the £500 from the sale of the Society's Funded Property, as ordered at the last general meeting, by the sale of the Catalogue to the amount of £60 10s., and the payment of the balance out of the year's income which ends with the same deficit (about 5 guineas) with which it began.

With regard to the work of our Scientific Committees: The Discussion on the Report of the Committee on Membranous Croup and Diphtheria has occupied three of the meetings of the past session in April and May; and the Report of the Committee on Suspended Animation has been read and discussed at the first meeting of the present session in October.

The question of the contribution of fifty guineas to the Harvey Memorial Fund will be re-submittted to the General Meeting for final decision.

It will be recollected that this contribution was agreed to at the last General Meeting; but a former President of the Society, doubting the legality of such an application of its funds, procured counsel's opinion on the subject, and as this was adverse to the legality of the grant, and was confirmed by a second counsel's opinion, obtained by the Society's own solicitor, it was thought right to withhold the payment until the Fellows had had the opportunity of reconsidering the matter.

The Council have further to state that a third opinion by an eminent counsel affirming the legality of the grant has since been laid before them by one of the Vice-Presidents of the Society. The Council now leave the matter in the hands of the General Meeting.

The Honorary Librarians report that the additions to the Library during 1879 have consisted of 371 works (including pamphlets, but not continuations of serials), and of that number 219 have been presented, and 152 purchased by the Society. Of the same total the Foreign Books are 164, and the English 207. About 100 volumes of Journals forming portions of the long series connected with the 'Philosophical Magazine' have been presented by the Widow of the late Mr. Charles Brooke towards the completion of the set in the Society's Library.

The Honorary Librarians, assisted by the Library Committee, have also, in accordance with the Bye Laws, made the triennial inspection and examination of the Library, which they have to report in good condition and efficient working order. The Library copies of the new Catalogue and Index have been prepared, with the shelf references, and the additional titles which have accumulated during its progress through the press will shortly be inserted, rendering it complete to current date. Copies of this Supplement will be sent when ready to all Fellows who are in possession of the Catalogue, and will also be given on application at the Library.

The Library statistics which have been made up every third year for a long period, are again given below in continuation of former similar tables.

Number of works in the Library in Report of March, 1877			25, 568
1877	Purchases 281	Donation 162	443
1878	„ 280	„ 235	515
1879	„ 152	„ 219	371
			26,897

Total number of volumes December, 1876	29,450
Added in three years to December, 1879, about	2,100
	31,550

The number of books lent from the Library has been during:

Session 1876—77	3,570
„ 1877—78	3,155
„ 1878—79	2,935
	9,660

No record can be kept of the number of volumes consulted in the Library, but from averages made for short periods, and from the fact of large numbers of books being frequently used by individual members in a single day, the number probably exceeds the number lent from the Library.

The number of visits of Fellows to the Library has been during:

1877	3,210
1878	2,669
1879	2,997
	8,876

At the conclusion of the Report it was moved by Dr. GREENHOW, seconded by Mr. R. W. PARKER, and carried—

"That the Report of the President and Council, with the appended audited account of the income and expenditure of the Society for the past year, just read, be received, adopted, and printed in the 'Proceedings,' with the exception of the paragraph relative to the contribution to the Harvey Memorial Fund, on which the opinion of the meeting will be separately taken."

The subject of the subscription of 50 guineas to the Harvey Memorial Fund was then brought forward, and the President explained the reasons why the Council had referred back the question of its payment to a General Meeting of the Fellows for their reconsideration. He stated that a former President of the Society (Mr. Arnott) had protested against its payment, and in the course of April last had taken counsel's opinion, which was adverse to its legality. The Council thereon had through their solicitor obtained an opinion from another eminent counsel in May last, which was also adverse to the grant. Subsequently, in November, another counsel's opinion had been obtained by a Vice-President of the Society (Dr. Quain), affirming the power of the Society to make such a grant. The President in conclusion said that the subject was now left in the hands of the meeting.

Dr. JOHN HARLEY moved the following resolution, which was seconded by Dr. GREENHOW:

"That in accordance with the legal opinion obtained by the Council, it is proposed that the vote of a sum of money to the Harvey Memorial Fund at the last Annual General Meeting be now rescinded."

A discussion ensued in which the chief speakers in favour of the resolution, and against the payment, as setting a precedent, were Dr. John Harley, Dr. Greenhow, Mr. Cooper Forster, Mr. Birkett, Mr. Christopher Heath, Dr. Pavy, Dr. Graham Balfour, and Dr. Wilson Fox; and in opposition to the resolution, and in favour of the donation, Dr. Richard Quain, Dr. West, and Dr. Symes Thompson.

During the debate Mr. Holmes made a proposal for a compromise by a voluntary subscription of Fellows in the name of the Society, which was approved by Mr. Cooper Forster, but opposed by Dr. West and Dr. Quain, and not pressed to a vote.

At the close of the debate a show of hands was taken, when the numbers were 22 for and 24 against the resolution, the original vote of the previous annual meeting being thus left unrescinded.

The President addressed the meeting as follows:

GENTLEMEN,—I can with truth, as I do with pleasure, congratulate the Society on a year of continued prosperity and success. Its prosperity may be measured by the esteem in which it is held by the profession; its success by the amount of work done. The result will be found to be equally satisfactory by whichever of these standards we test it. That this Society, the nearest approach that we have in this country to an Academy of Medicine, more than maintains the high character that it has held for exactly three quarters of a century in the estimation of the profession, is evident from the fact that the number of men who have sought the honour of its Fellowship during the past year has been unusually, indeed, almost unprecedentedly, large. The work done by the Society during the same period has been of a most important, in some respects of a more than usually important and enduring character. The Meetings have been well attended. The Debates have been animated,—that on the Report on Diphtheria, with which the session commenced and which was continued through several nights, excited much interest, not only amongst the Fellows, but throughout the profession, and was more than once prolonged to an unusually late hour.

The volume of 'Transactions,' for the interest, variety, importance, and quality of its papers, will bear comparison with any of its predecessors.

A great work has been brought to a close by the publication of a new Catalogue of the magnificent Library possessed by the Society. For this Catalogue we are indebted to the unwearied exertions of the Librarians and Library Committee, but in a more special manner, and, indeed, mainly to the indefatigable zeal and literary ability of our Resident Assistant Librarian, Mr. Wheatley. This catalogue has cost much in labour as well as in money. The labour has been cheerfully given, but the expense of its production has for the time exhausted the available funds of the Society. Costly as it has been, it was only due to the Society, as the possessor of a library of which it may justly be proud, to give to the world a complete catalogue of the works contained within it; for, with the exception of the library of the Royal College of Surgeons, ours is the largest medical library in England, and, probably, so far as modern works are concerned, by far the most complete.

We have had during the past session to deplore the loss by death of seventeen Fellows of this Society. Some have gone to their rest ripe in years; others have been snatched from us in the prime of life by deaths both premature and sudden.

The obituary record of those Fellows who during the past session have been removed from the scene of their activity and usefulness has always constituted an important feature in the proceedings of the annual meetings of this Society, and although it must be admitted that in former days these records may have presented more of novelty, and consequently of interest, than can be claimed for them now, when the journals have anticipated, often by many months, the chief circumstances of the lives, and have passed the verdict of the profession on the labours of those who have been taken from amongst us, yet the custom is good in itself, is honorable to the Society as well as to those whom it affects, and affords the only opportunity that we possess of paying a just tribute of gratitude, of respect, and of affection, to those whom we have lost.

The first name that is inscribed on the mortuary roll of the present session is that of one whose death, premature as it was sudden, though not wholly unexpected, cut short a career of almost unexampled brilliancy, and left a void in the ranks of our profession that cannot readily be filled, for by the death of *Dr. Charles Murchison,* not only has British medicine, but medical science generally, sustained a loss which, if not irreparable, will at least long be felt, but our profession has been deprived of a member endeared to a wide circle of friends by qualities that alike secured their affection and commanded their respect.

Dr. Charles Murchison, descended from an honorable and ancient Scottish family, was born in 1830 in Jamaica, where his father, a physician, then practised. The family, returning to the mother country, settled at Elgin, where Charles Murchison received his scholastic education. He commenced his medical studies at Aberdeen at an early age, and in 1846 proceeded to Edinburgh in order to complete them there. Here his brilliant career as a student gave early promise of that distinction which he was subsequently destined to achieve.

He was in due time elected President of that institution, which has been the fostering mother of many a budding genius in our profession, the Royal Medical Society of Edinburgh, and he was one of the founders and an active member of the Physiological Society. He graduated in 1851, receiving the graduation medal for his thesis on "The Pathology of Morbid Growths," thus early showing an aptitude for those investigations in which, in after life, he came, on all hands, to be acknowledged as a master.

At the termination of his studies, he led a somewhat erratic professional life, but it was one in which he found the germs of those inquiries which, in maturer years, were destined to bear such good fruit. In reviewing Dr. Murchison's subsequent professional career, it may be convenient to divide it into three epochs.

In the first of these we find him, although no longer a pupil, pursuing his studies with unabated energy, and pushing his inquiries into every department of professional knowledge. His studies, however, underwent a short interruption by his appointment as physician to the British Legation at Turin. In this capacity he spent some months in Italy, but the narrow sphere of so restricted a position had no charms for the active and inquiring mind of Murchison. He soon resigned an appointment that, to many of his age, would have presented social attractions which would have more than outweighed its professional disadvantages, and returning to the more congenial atmosphere of the hospital ward and the pathological room, he plunged into the midst of hard, and in one sense unremunerative, professional labour.

He now became house-physician to the Royal Infirmary of Edinburgh, where he had previously filled the office of house-surgeon, and, at the expiration of the term of his duties there, spent some time in Dublin in the Maternity Hospital of that city, afterwards proceeding to Paris to complete his professional studies in what was then acknowledged to be the foremost school of pathology in Europe.

The second epoch of Murchison's career now commences; and, though brief, it undoubtedly exercised a deep and lasting influence on the direction of his studies, and led him to those researches with which his name will ever be inseparably associated; for in 1853 he was appointed an Assistant-Surgeon in the then existing East India Company. In that capacity he proceeded to Calcutta, whence he was sent on to join his regiment in Burmah. He held this appointment for less than three years, resigning it, for what cause I know not, in 1855.

During this brief tenure of office, he found time not only to investigate the influence of the climate of Burmah upon the European constitution, but to study its flora and to contribute some interesting papers on its natural history to the 'Transactions of the Linnæan Society.' That his residence in India and his service in the malarial jungles and pestilential paddy-fields of Burmah, turned his attention in a special manner to those Fevers and diseases of the Liver which are so peculiarly fatal to Europeans in those countries scarcely admits of doubt, and thus he was enabled to lay the foundations of the great superstructure of his well-known works on these subjects.

Nothing illustrates more clearly the extent and varied character of Murchison's scientific acquirements, and the untiring energy of his active mind, than that he found time in the midst of his purely professional work to study the Botany and Natural History of the country to which he had been sent, and to take the duties of the Professorship of Chemistry in the Bengal Medical College at Calcutta, to which he was appointed on his return to that city.

We now come to the third and most interesting part of Murchison's career. In 1855 he established himself as a physician in London. On reviewing this period of Murchison's professional life, it is impossible not to be struck alike by the wide range of his pursuits and by the singular independence of action which led him to connect himself successively and in different capacities with four different Metropolitan Schools of Medicine. We have already seen how he taught chemistry at Calcutta, how he investigated the flora of Burmah, and wrote papers on its natural history, which were considered to be deserving of a place in the 'Transactions of the Linnæan Society;' in addition to which he was a geologist of no little ability.

In London he was at St. Mary's Hospital successively demonstrator of Anatomy and Lecturer on Botany; at the Middlesex, King's College, and St. Thomas's, he taught Medicine both systematically and clinically, and it was as a teacher in this latter capacity that he more especially stood pre-eminent.

In 1860, he was appointed physician to the Fever Hospital. Here he at once and eagerly seized the opportunity of pursuing and extending those inquiries which he had commenced in India, and the experience thus gained enabled him to elaborate his great work on Fevers. His labours at this time were increasing. He worked with great rapidity but with equal care and exactness. His contributions to the literature of our profession were numerous, as the subjects of which they treated were varied. It has been stated on what I believe to be good authority, that his published papers amount in number to between 300 and 400, and it is to be hoped that a selection of the more important of these may be made and given to the world in a separate form. To the 'Transactions' of this Society he contributed three papers. One of these, "On the Causes and varying rates of Mortality in different forms of Fever," may be considered as the foundation of that great work on 'The continued Fevers of Great Britain,' on which his reputation as a clinical observer and philosophic writer will ultimately rest. This great and elaborate work, and his almost equally well-known treatise on "Diseases of the Liver," evince in a remarkable manner the possession by Murchison of two qualities which are not often conjoined, but which when united give "the ring of the perfect tone," the aptitude for original clinical and pathological research, with the patient study, the thorough appreciation of, and the profound acquaintance with, the labours of others.

That Murchison's character was public spirited and never self seeking, independent in thought and action, honorable in all professional relations, needs scarcely be said in the presence of those who had the great privilege and the happiness of knowing him intimately and well.

Stricken by an inevitably fatal malady, the remote consequence probably of repeated exposure to the pernicious influence of those diseases which his writings had so clearly elucidated, he yet continued unremittingly to work on in the cause of science and of humanity in the full consciousness that he might at any moment be called away. And I cannot picture to myself an instance of nobler endurance and more heroic fortitude, at least, in civil life, than that of the physician labouring cheerfully and stedfastly to relieve the sufferings and to prolong the existence of others, knowing himself to be the victim of a disease incurable by that very Art which he is exercising for the benefit of his fellow-sufferers.

Murchison died on the 23rd April, 1879, in the forty-ninth year of his age. He died as he had lived, and as he probably would have chosen his own end to have been, had it been in his power to control his destiny, for he died in the midst of that work to which he had devoted the best energies and the freshest years of his life. And in his last acts he ministered alike to humanity and to science by prescribing for the relief of a patient and putting on record a clinical fact by sketching a diagram of the disease for which he had been consulted.

Cut off in the prime of life, and in the fulness of his matured experience, the death of Murchison has left a gap in the ranks of great clinical physicians which will be more deeply felt as time rolls on, when those who now occupy the foremost place will have passed away, and when a full share of the burden of the day which they now so nobly bear would have fallen to the lot of, and been not unworthily sustained by Murchison.

Mr. Jesse Leach entered the medical profession in 1834. He soon afterwards settled in practice at Heywood, in Lancashire, where he resided up to the time of his death on February 27th, 1879, in his sixty-seventh year. He became a Fellow of this Society in 1843, and of the College of Surgeons in 1856. That he was successful as a practitioner, and that his professional abilities and general character were alike appreciated and esteemed in his own locality there can be little doubt, for we find that he was appointed a Justice of the Peace in the County of Lancashire, and held other offices of trust. In early life he devoted himself with energy to the practice of surgery, and published, between the years 1838 and 1843, some interesting papers on "Burns and Scalds," and on the "Treatment of Amputation Stumps by means of Irrigation and Water-dressing," a simple method then much in vogue, which he strongly advocated, and from which he had obtained excellent results.

Of *Dr. William Reeves* but little is known to me, and probably to the Fellows of the Society, except that he became a member of the College of Surgeons in 1838, an M.D. of St. Andrews in 1870, and a Fellow of this Society in 1869. He practised successfully in Carlisle, where he died on the 28th April, 1879, having been appointed consulting surgeon to the Carlisle Dispensary some time previously.

It is seldom that we meet with a man who combines an aptitude for surgery with a capacity for mathematics, but in *Mr. Charles Brooke* this very unusual conjunction of mental qualities existed in a striking manner.

Educated at Cambridge, where he obtained his degree as Master of Arts, he came out as a wrangler in the mathematical tripos of 1827. He relinquished a University career, which had thus been opened up to him, and entered upon the study of medicine, becoming a member of the College of Surgeons in 1834 and a Fellow in 1844.

He engaged in surgical practice in London, was appointed surgeon to the Metropolitan Free Hospital, and soon afterwards became attached to the Westminster Hospital, with which institution his connection continued for nearly forty years. He was elected a Fellow of this Society in 1844, and filled successively the offices of Councillor, Librarian, and Vice-President. He took a warm interest in its affairs, and was a frequent attendant at the meetings.

Mr. Brooke, who was one of the Librarians at the time of the alteration of the Library and the building of the New Reading-room, contributed very valuable assistance to the preparation of the plans and the superintendence of the works, making useful practical suggestions which were advantageously adopted.

Although for many years a hospital surgeon, it was not in surgery that Charles Brooke was destined to achieve distinction —not that he was deficient in those qualities which tend to constitute a good surgeon, far from it, he was a dexterous operator, an ingenious mechanician, and possessed a fair insight into the nature of disease. He was, indeed, a pioneer in one department of surgery which, in later years and in other hands, was destined to achieve large proportions, namely, the treatment of Cleft-Palate and various forms of fistula. In the earlier part of his career he operated much and successfully for the cure of these conditions, inventing that ingenious mechanism, the "bead suture." By its means he succeeded in obtaining results which were, at that period in the history of plastic surgery, justly considered as being of a highly satisfactory character. But Charles Brooke's mind had a natural bent to the study of mathematics and physical science, and it is almost matter of regret that one so gifted as he undoubtedly was in these directions should have had his attention even temporarily turned aside to the practice of the surgeon, which has so little in common with the more exact studies of the mathematician. He did not write much, but all his published works have reference to these, his more congenial studies. He brought out a 'Synopsis of Pure Mathematics,' and later on edited the fourth and fifth editions of a work originally written by Dr. Golding Bird, entitled 'The Elements of Natural Philosophy, or the Introduction to the Study of the Physical Sciences.' The progress of physical science is so rapid that it soon became necessary to re-write the work. This was done in its sixth edition by Mr. Brooke, without any detriment to its popularity. Original in thought, elegant in diction, and fertile in illustration, the work is probably the best treatise in the English language for the use of the medical or, indeed, of the general student in natural philosophy.

In physical science Mr. Brooke's greatest achievement was the invention of a process of self-registration of the magnetic needle by means of photographic appliances, an invention which he subsequently adapted to the barometer and thermometer. For this important invention Mr. Brooke was awarded the premium offered by Government, and he received at the exhibition of 1851 the Council medal.

The latter years of Charles Brooke's life were spent in scientific leisure. Untrammelled by professional ties and fond of travel, he visited various parts of Europe. Amiable, single-minded and genial, always ready and, indeed, fond of imparting to others his stores of varied knowledge, Charles Brooke passed through life without an enemy. He went to his rest, while spending the spring months on the south coast of England, on the 17th May, 1879, regretted most by those who knew him best.

Dr. Tilbury Fox, the son of a well-known and highly-esteemed medical practitioner, was born at Broughton in 1836. He commenced his medical studies in 1853 at University College, and, after having passed through a brilliant career as a student, graduated in honours at the University of London in 1858. Like many other men who have subsequently distinguished themselves in a special line of professional work, Dr. Tilbury Fox was somewhat discursive in the early part of his career. He commenced practice in 1859 as a partner of Mr. Tapson, of Gloucester Crescent, and at this time paid much attention to midwifery and its concomitant diseases, publishing essays on "Phlegmasia Dolens" and "Puerperal Fever;" but he soon relinquished this department of practice, and after a lengthened tour in the East as medical attendant on a Scottish nobleman, he again settled in London, this time as a physician, devoting himself exclusively to dermatology. In 1864 he published a work on 'The Parasitic Diseases of the Skin.' This treatise was the first which, in our language, placed this important class of diseases in a clear and concise manner before the profession. It was followed by many papers and essays on Cutaneous Diseases, and in a few years by a complete work on the 'Diseases of the Skin,' which, written with much clearness and in a thoroughly practical manner, soon passed through several editions. He was now appointed physician to the skin department in University College Hospital, to the duties of which he devoted himself with great energy, and established a very elaborate and complete system of baths in connection with it.

Dr. Tilbury Fox, however, possessed too energetic a nature to be content with the comparatively narrow range of thought and restricted professional action afforded by a specialty. He threw himself with characteristic zeal into the vortex of medical journalism, and took a prominent and active part in the proceedings of convocation at the University of London, where he especially distinguished himself by his strenuous efforts to prevent the admission of women to the medical examination, and the assumption by them of medical degrees.

Dr. Tilbury Fox was deservedly a great favourite with all who knew him. His cheerful temperament and genial manners, his manly, energetic, and thoroughly honorable character, made him popular alike with his professional brethren and with his patients. He died suddenly in his forty-third year, on June 7th, 1879, whilst on a holiday excursion to Paris. His death was occasioned by heart disease, from which he had suffered for several years; but the knowledge of the inevitable doom that impended over him, and which might at any moment fall upon him, neither shook his courage nor affected his composure, nor did it even cloud his cheerfulness. With undaunted stedfastness he worked on, never faltering in his course, never seeking by rest to prolong an existence which would have been burdensome to himself when no longer vivified by the stimulus of active and useful work. Waiting for that death which he full well knew could not long be delayed, and might at any moment occur, he prepared himself for the inevitable, and met his fate in the prime of manhood, without a murmur of regret, and in perfect resignation.

Mr. Samuel Wood was educated at University College. On the completion of his medical studies in 1837 he established himself at Shrewsbury, where he became surgeon to the Salop Infirmary, and to the County Lunatic Asylum. He was admitted a Fellow of this Society in 1872. Mr. Wood published a few papers on surgical subjects in the weekly journals, one especially, on the "Division of the implicated Nerve in Traumatic Tetanus," is of interest, and he devised a method for the radical cure of femoral hernia. It was not, however, so much as an operating surgeon that Mr. Wood excelled as for his diagnostic skill and for his aptitude in the use of remedies. But his tastes and studies led him beyond the limits of professional work. He devoted much time to the study of archæology, more especially to numismatics. He made a large collection of coins, became a Member of the Numismatic Society of London, and acquired a considerable local reputation as a high authority on the antiquities of his native district. He was a Fellow of the Society of Antiquaries, and an F.S.S. He died on June 19th, 1879, in his sixty-seventh year.

Dr. Patrick Black, born at Aberdeen in 1813, was educated at Eton and subsequently went to Oxford, where he took his M.D. degree in 1839. He studied medicine at St. Bartholomew's Hospital, with which institution he continued to be connected through the whole of his professional life. Passing through the various subordinate grades, he was appointed physician to it in 1860, and lecturer on medicine shortly afterwards. Dr. Black was for many years physician to the Dreadnought Hospital, and to other public bodies. The abundant opportunities afforded by these great fields of study and of observation appear to have been little utilised by Dr. Black, for he contributed but scantily to professional knowledge, either in its scientific or practical departments. He wrote but little. His best known publications are some ingenious, but speculative, essays on "Respiration" and "the Uses of the Spleen," and a paper on "Scurvy in High Latitudes," in which he attempted to explain the medical failure of the Arctic Expedition of 1875–6. In his own school he had the reputation of being a careful diagnostician and an able physician. He devoted, at one time, much attention to the administration of anæsthetics, and was exceptionally successful in their use. A fine scholar, a man of cultivated taste, an accomplished gentleman, elegant in person and refined in manner, Dr. Black was the type of the courtly physician of the past rather than of the active and inquiring man of science of the present generation. He died after a most painful illness, borne with much courage and resignation on October 11th, 1879, in his sixty-sixth year.

Mr. Alfred Keyser was educated at University College, and established himself in practice in London in 1840. He became a Fellow of the Royal College of Surgeons in 1845, and of this Society in 1847. I knew him well and intimately, and can truly say that he was, in all relations of life, a man of the most honorable and upright character. He was much and justly respected by a circle of patients, more select than numerous, to whom he devoted himself with untiring assiduity. He died in October last in the sixty-fifth year of his age of a painful and lingering illness, from the effects of which he suffered for nearly two years before it proved fatal.

Dr. Arthur Leared was educated at Trinity College, Dublin, where he graduated in Arts and Medicine. He practised for a time in Ireland, but soon sought the wider field of London professional life. On the outbreak of the war in the Crimea he was appointed one of the physicians to the civil hospital established at Scutari. In 1856, after the capture of Sebastopol, he returned to London, and recommenced practice as a metropolitan physician. He was soon afterwards appointed to the Great Northern Hospital, and published several treatises on medical subjects, one of which, on "The Causes and Treatment of Imperfect Digestion" has passed through six editions, and added much to the author's reputation and practice.

But it can scarcely be said that it was in medicine that Dr. Leared stood pre-eminent, for, able and skilful as he undoubtedly was as a physician, it was rather as a man of letters and of general science that he made his mark. He was an accomplished linguist and an enterprising traveller, not a mere holiday tourist, but one who travelled not only for recreation and self-instruction, but in order to add to the general stock of geographical knowledge. As an instance of Dr. Leared's ability as a linguist and enterprise as a traveller, it may be stated that he made a prolonged tour in Iceland and so thoroughly mastered the language of that island, that he published in the vernacular a treatise on a peculiar form of cystic disease which appears to be prevalent there.

In 1872 he travelled to Morocco, penetrated, at no slight amount of personal peril, to the capital of the Moors, and on his return to England, published a very interesting work on that little-visited country. This book, which is written with much spirit and elegance, contains the fullest and in all respects the most accurate account that we possess of Morocco and of the Moors in their social and political relations.

It was on the occasion of a second visit to Tangiers, in the autumn of last year, that Dr. Leared contracted fever, under which his constitution, already weakened by chronic renal disease, gave way, and he died shortly after his return to London, on the 16th October, 1879.

Dr. Leared was a member of several societies outside the profession, and his varied accomplishments, extended and versatile knowledge, gained him a large number of friends in literary, scientific, and artistic circles.

By the death of *George William Callender* British Surgery has sustained a grievous loss. Born at Clifton in 1830, he received his medical education at St. Bartholomew's Hospital.

Mr. Callender evinced an early and decided taste for anatomical research and for surgical practice. He gradually worked his way up the ladder of promotion, passing through the usual subordinate grades, until he became full surgeon in 1871, and lecturer on surgery in 1873. He contributed largely to the 'St. Bartholomew's Hospital Reports,' of which he was for several years the surgical editor, and read some papers on anatomical subjects before the Royal Society, which gained for him the Fellowship of that distinguished body.

But, valuable as was Mr. Callender's work as a practical surgeon, and able as may have been his scientific researches, it was not by them that he made his mark and placed himself in the foremost rank of British surgeons of his day. Callender's great merit consisted in this, that he strove, and with conspicuous success, to improve the results of operations, and to lessen the rate of mortality that had long prevailed in the surgical wards of hospitals. He recognised fully the important facts that the prospect of recovery after the greater operations and more serious injuries depended mainly on the care taken of the wound, and on the attention paid to the hygienic surroundings of the patient. He devised a systematic method of treating wounds antiseptically, which possessed the geat merit of being uncomplicated in its details, and consequently easy of application. By ensuring complete physiological rest of the injured parts by thorough drainage, by dressing the wound with the most scrupulous attention to cleanliness, and in the gentlest and least painful manner, Callender undoubtedly obtained most striking results, and reduced the mortality due to septic diseases to an extent previously unknown in the hospitals of London, though he may not have attained the end which, with pardonable enthusiasm, he had hoped to reach of making pain and death unknown results of modern surgical practice.

Callender's well-knit frame, his upright and manly bearing and distinguished presence, gave promise of long years of active professional usefulness, but he unfortunately became the victim of an insidious renal disorder which, being acutely aggravated during an autumn holiday spent in the United States, proved rapidly fatal during his homeward voyage. He died on board ship on the 20th of October, 1879, in his 49th year, honoured for his sterling worth and great professional qualities by his surgical brethren on both sides of the Atlantic, and beloved for his genial character and amiable disposition by all who knew him.

Mr. John Soelberg Wells, born at Norwich about the year 1835, was educated at the University of Edinburgh, where he graduated in 1856. Showing an early taste for opthalmological studies, he went to Berlin, where he associated himself with Von Gräfe, to whom, for several years, he acted as assistant. He afterwards studied under Donders at Utrecht, and returning to this country became attached to the Royal Ophthalmic Hospital, where, after some years service, he was appointed full surgeon in 1873. He also held the posts of Professor of Ophthalmology in King's College and of Ophthalmic Surgeon to the Hospital.

That Mr. Soelberg Wells was an able and accomplished ophthalmologist there can be no doubt. His long residence in the best schools of eye surgery in Germany, and his thorough, and in some degree hereditary, knowledge of the language of that country, made him familiar with the most approved methods of ophthalmic surgery as practised at Berlin and Vienna, as well as with its science and its literature. His papers in the 'Ophthalmic Hospital Reports,' and his two works, 'A Treatise on Diseases of the Eye,' and on 'Long, Short, and Weak Sight,' which passed through several editions, familiarised English surgeons with the more advanced continental views on ophthalmology.

Mr. Soelberg Wells was a man of refined and cultivated tastes, genial character, and social habits. Labouring under the great professional disadvantage of being the possessor of an ample fortune, he cared little for practice, but rather devoted himself to the cultivation of the science and literature of his department of surgery.

Mr. Wells' fine physique gave promise of long life, but the promise was delusive, for failing health compelled him last year to relinquish all work, and going to Cannes, in the vain hope of recruiting his shattered constitution, he died there on the 2nd of December, 1879, in his forty-fourth year.

Of *Dr. Frederick Collins,* who died on December 9th, 1879, aged fifty-three, there is little more to be said, than that he passed many years of his life as a practitioner at Wanstead.

Dr. D. M. Maclure died on the 13th December, 1879, in his fifty-fourth year. In early life he had travelled much, and passed several years in the East. On his return to London he became lecturer on physiology at the Westminster Hospital, and was appointed assistant physician to the National Hospital for Paralysis and Epilepsy. He was, however, chiefly known to the profession and to the public as the medical officer of the London, Brighton, and South Coast Railway Company. The duties of this office he discharged alike with consideration to the interests of the Company and kindness to those who, victims of the negligence of its servants, sought compensation at its hands. He contributed little, if anything, to the literature of our profession.

We have lost one of the oldest Fellows, the oldest but three of this Society, in the person of *Mr. Richard Francis George,* whose election to its Fellowship dates as far back as the year 1821. He became a member of the Royal College of Surgeons in the preceding year, and died on the 4th of December last at Weston-super-Mare, at the advanced age of eighty-one. He practised honorably for many years at Bath, where he served various municipal and public offices, unconnected, however, with the profession.

There have been few English physicians practising on the Continent who were better known to the travelling valetudinarian than *Dr. Thomas Cutler,* of Spa. Truly cosmopolitan, educated in London, in Brussels, and in Paris, connected by the closest professional ties with this country, yet commencing active life as a surgeon in the Belgian army at the siege of Antwerp, he eventually settled at Spa, where, for more than one-third of a century, his advice was eagerly sought by all, of whatever nationality, who hoped to renovate health and restore strength by the aid of those chalybeate springs from which all other watering places derive their generic appellation.

Dr. Cutler did good service at Spa in more ways than by strictly professional work. By his energetic activity, he effected various improvements in the town which secured its prosperity by making it a favoured health resort to many of his fellow-countrymen. He very carefully studied the effects of its mineral waters, and published a valuable treatise on their uses, the best evidence of the popularity of which is that it has reached its tenth edition. He died last winter at Spa, regretted alike by the natives of the town he had so much benefited, and by the strangers whom he had attracted to it for the advantage of his professional advices.

Mr. Henry Hancock, born in London in 1809, received his medical education at the Westminster Hospital, which, half a century ago, when such men as the elder Lynn, Anthony White, and James Guthrie were members of its staff, ranked as one of the best surgical schools in the country. It is not, however, with the Westminster Hospital that Hancock's name has been associated. He never became a member of its surgical staff, but, connecting himself early in his professional career with the newly-established hospital at Charing Cross, did much by his ability, his energy, and his active business habits, to gain for it an honorable place amongst the schools of medicine of the metropolis. To this hospital he was attached during the whole of his active professional life, and on him for many years mainly rested its surgical reputation; and this he was well able to sustain, for Hancock was an excellent practical surgeon, a skilful and keen operator;—in his early days a great excisor of jaws and of joints, and an impressive and able teacher of his art. To eye surgery Hancock, influenced doubtless by the example of his friend and master, Guthrie, paid the closest attention. He was for many years one of the surgeons of the Westminster Ophthalmic Hospital, and had he thought fit to devote himself specially to the eye, would doubtless have obtained a high position amongst the most distinguished ophthalmologists of the day.

Mr. Hancock took an active share in the work of the College of Surgeons, to the council of which he was elected in 1863. He became "Arris and Gale Lecturer" in 1865, was an active member of the court of examiners, attained to the dignity of president in 1872, and was appointed Hunterian orator in the following year. He took the warmest interest in the prosperity of this the greatest surgical institution in this or in any other country. He looked with the utmost jealousy upon, and resisted in the most strenuous manner, any attempt which appeared to him to be likely to lessen its influence or to restrict its utility. But though conservative in his views, he was not opposed to reasonable advance, or to an adaptation of old methods to more modern requirements. An excellent man of business, a keen debater, active and energetic, thoroughly honorable and just, Hancock's influence on the Council was deservedly great, and his loss will long be felt in its deliberations. After serving the office of President in 1872-3, he gradually withdrew from the active practice of his profession, and died on the 1st of January last, of malignant disease of the pylorus, in his seventy-first year, at his country residence at Chute, in Wiltshire.

By the death of *Dr. Edward Cator Seaton* the medical officer of the Local Government Board, the public service has lost a most useful and meritorious member. Born at Rochester in 1815, he studied in Edinburgh, where he graduated in 1837. He commenced his professional life in general practice, first at Rochester, in conjunction with his father, a retired naval surgeon, and subsequently in Sloane Street. Although successful as a practitioner and much respected by his patients, his heart does not appear to have been in work of this kind. He soon began to devote himself to hygiene and preventive medicine, subjects which at that time were rising into professional notice. He became an early and active member of the Epidemiological Society, acting as honorary secretary to the Committee on Smallpox and Vaccination, which published a most elaborate and valuable report on these subjects, the outcome of which was the "Compulsory Vaccination Act of 1853."

Dr. Seaton always took much interest in the work of the Epidemiological Society, contributed several papers to it, and eventually attained to the dignity of its presidency.

After acting for some years as Medical Inspector to the General Board of Health, Dr. Seaton was, in 1865, attached to the Medical Department of the Privy Council, and on the establishment of the Local Government Board in 1871 he was appointed senior assistant medical officer under Mr. Simon, whom he succeeded in 1876 as chief of that board. From his long connection with the Government Dr. Seaton's work was necessarily of a kind that attracted comparatively little attention out of official circles, but in these it was justly and highly valued.

In 1868 he published a 'Hand-book on Vaccination.' This work contains a very full and clear exposition of the whole subject of vaccination in all its bearings, historical, practical, and preventive. It is a remarkable fact that since Bryce's work on 'Cow-pock,' published in 1809, this should have been the only treatise on the subject written in the country of its discovery.

Dr. Seaton's work as general medical officer of the Local Government Board was of a most onerous character. It proved to be beyond his strength. His health gave way under the pressure of labours that would have taxed the powers of a much younger man, and he died of paralysis on the 21st of January, in the sixty-fifth year of his age.

At the conclusion of the Address it was moved by Sir Henry Thompson, seconded by Dr. Cholmeley, and carried with applause—

"That this meeting desires to give its best thanks to the President, Mr. Erichsen, for his excellent address, and that he be requested to allow it to be printed in the 'Proceedings.'"

It was also moved by Dr. Douglas Powell, seconded and carried unanimously—

"That the best thanks of the Society be given to the retiring Vice-President, Dr. Richard Quain, and to the other retiring members of the Council, Dr. O. Sturges, Dr. Symes Thompson, Dr. Reginald Thompson, Mr. Morrant Baker, Mr. H. H. Hayward, Mr. Berkeley Hill, Mr. Arthur Myers, and Dr. Robert John Spitta, for their interest in the affairs of the Society and services in its management during their period of office."

And it was moved by Dr. Symes Thompson, seconded by Dr. John Harley, and carried with applause—

"That the cordial thanks of the Society be presented to the retiring Secretary, Dr. James Andrew, for his valuable services during the two years in which he has held the secretarial office."

The President announced the result of the ballot for Officers and Council for 1880-81, as follows:

President.

John Eric Erichsen, F.R.S.

Vice-Presidents.

Charles Bland Radcliffe, M.D.
*Alfred Baring Garrod, M.D., F.R.S.
Barnard Wight Holt.
John Birkett.

Treasurers.

William Wegg, M.D.
John Cooper Forster.

Secretaries.

*Reginald Edward Thompson, M.D.
Timothy Holmes.

Librarians.

George Johnson, M.D., F.R.S.
John Whitaker Hulke, F.R.S.

Other Members of Council.

*John Langdon H. Down, M.D.
*Charles Hilton Fagge, M.D.
*Samuel Fenwick, M.D.
John Harley, M.D.
George Roper, M.D.
*Frederick James Gant.
*Christopher Heath.
*Francis Mason.
*John Morgan.
*Alfred Willett.

Those gentlemen to whose name an asterisk is prefixed were not on the Council or did not fill the same office last year.

PROCEEDINGS

OF

THE ROYAL

MEDICAL AND CHIRURGICAL SOCIETY

OF LONDON.

March 9th, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—49 Fellows and 3 visitors.

Books were presented by Mr. Berkeley Hill, the India Office, the Obstetrical Society, and the Berlin Medical Society.

Dr. David Ferrier, Dr. Dawtrey Drewitt, and Dr. V. D. Harris were admitted Fellows of the Society.

Wm. James Tivy, F.R.C.S. Ed., was proposed for election.

The following communication was read:

Nephrectomy, by Abdominal Section. By A. E. Barker, F.R.C.S., Assistant Surgeon to University College Hospital. (Received February 5th, 1880.)

(*Abstract.*)

The writer first sketches the reasons which induced Professor Simon, of Heidelberg, to plan and carry out in 1869 the first case of nephrectomy designedly performed on the human subject. He shows that Simon had been preceded by two American surgeons in the mere removal of the kidney. He points out the importance of Simon's experiments on animals, and his main conclusions therefrom—1. That this operation is as well borne in the first instance by the system as others now fully recognised, such as excision of the uterus or ovary. 2. That the sudden removal of one kidney does not so far affect the urinary functions as at all to influence the question of the operation. 3. That the health of the animal may be quite as good after as before, and without any uræmic troubles, hypertrophy of the heart, or other evils. The question as to whether these conclusions hold good for man is then shown to have been settled in many respects by the effect of the operation in Simon's first case, and in many since recorded. Of these the author has collected twenty-eight from home and foreign sources in which from various causes a kidney has been removed. These he tabulated under the headings "operator's name," "sex and age," "diagnosis or object of operation," "duration of complaint," "date of operation," "situation of incision," "form of dressing," "treatment of pedicle," "symptoms after operation," "result, immediate and eventual," "hæmorrhage after or at operation," "condition of organ removed," "remarks" on points of interest about the various cases. From this list two cases are first quoted which seem to prove more conclusively than any experiments on animals that neither the incision down to the kidney in the loin, nor the ligature of its pedicle and its removal, need cause any great disturbance in the system. In neither of these cases did this result. The organ in both had been wounded by a stab with a knife, and prolapsed, and was removed easily and without any ill effect. It was the study of these and a number of the others tabulated which led the writer to operate in the present case. He found that out of the twenty-eight attempted nephrectomies, six were done on a wrong diagnosis; in two for neoplasms the operation was left uncompleted, owing to difficulties experienced in the isolation of the organ. Of the remaining twenty undertaken with the distinct object of removing the kidney and completed, the objects were the following:—Two for fistula of the ureter, both successful; two for acute pain in the kidney (cause unknown), one death, one recovery; two for calculous pyelitis, both fatal; three for injury of the organ, two complete recoveries, one fatal; six for acutely painful movable kidney, four complete recoveries, two deaths; four for neoplasms (one obscure, however), one death, three recoveries; finally, one for pyonephrosis, perfectly successful. Of the whole twenty-eight, there are fourteen recoveries and fourteen deaths; but, excluding the six for wrong diagnosis, there are still thirteen successful and nine fatal; two of the latter, however, were desperate and left uncompleted. The causes of death were—peritonitis, four (abdominal section in all); pyæmia, one; in one, cause not given, patient died sixty-five hours after; in one the cause is stated to have been unexplained by the autopsy, "the patient died within a week;" two died of shock ten hours after operation (both desperate cases). In all the successful cases recovery was complete, possible recurrence in two excepted (neoplasms). Of the thirteen recoveries nine were lumbar sections, four ventral; of the nine fatal, five were lumbar, four ventral. On the whole, a careful examination of all the records convinced the author that nephrectomy is not accompanied by any peculiar shock or risks apart from those attending most grave operations, and that it is well borne in many cases; that as an operation it has a most useful future before it when we have learned to select proper cases and have better studied the operation itself. As to the mode of procedure, he would, from experiment on the dead body and careful comparison of those operations already recorded, feel inclined for the present to adopt the following conclusions:—The lumbar operation appears best suited for removal of healthy or comparatively healthy kidneys; also when there has been much perinephritic inflammation, old or recent; also for pyo- and hydronephrosis, and perhaps for the smaller new growths of the organ, especially if fixed. The ventral incision appears, on the other hand, best suited for taking away movable kidneys, whether healthy or affected with neoplasms, especially if the latter be large; also for the ordinary cysts of the organ not fixed by inflammation. The difficulty, in the case of the neoplasmata, of removing the lymphatic glands in and about the pedicle of the kidney (which are known to be an early seat of recurrence) by the lumbar incision, would influence him much in favour of abdominal section, by which the root can be better reached. The present case was as follows:—An unmarried female, aged twenty-one, had had lumbar pain for eight months before admission into University College Hospital. Three months before admission a medical man diagnosed a movable kidney. She suffered much from this time onwards from intense pain, with frequent nausea, and even vomiting and hæmaturia, preventing all work for considerable periods. All this was aggravated from the time of admission. Diagnosis: movable kidney, and possible new growth in it; later on, after observation, movable kidney affected with encephaloid. The hæmaturia was almost constant and often profuse during her fifty days stay in hospital. The attacks of pain were very severe and she was much weakened. On December 22nd, 1879, an operation was performed like ovariotomy in almost every respect—strictly antiseptic. Little difficulty was experienced in separating the ascending mesocolon from the anterior surface of the growth, though this had to be done with the utmost care, as the tumour was very soft in places; the ureter was tied separately; the pedicle in two portions by transfixion, with twisted silk. The operation was almost bloodless. The patient bore it well, and showed little shock. Twenty-four hours later she was as strong as before the operation; eight hours later she began to get weak, with hurried breathing, as in attacks before observed; diagnosis, possibly thrombosis. Death occurred at the end of the second day. The cause was discovered to be thrombosis of the pulmonary artery. The autopsy showed the condition of the abdominal cavity to be all that could be desired; repair was already far advanced; there was no trace of cystitis, no evidence of embolus from the renal vein, but a large thrombus, firm and light-coloured, was found in the right ventricle of heart and pulmonary artery. There were small secondary deposits in the lungs and lumbar lymphatic glands; also suspicious specks in liver; the other kidney was healthy.

March 23rd, 1880.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—32 Fellows and 6 visitors.

Books were presented by Dr. Acland, Mr. P. H. Bird, Dr. T. Colcott Fox, Mr. George Gulliver, Mr. J. L. Milton, and Mr. Samuel Osborn.

A collection of old books (30 vols.), including works by Cullen, Gregory, Abernethy, Daniell, Hodgson, Jaeger, R. Lee, Donders, &c., and about 300 Tracts, were presented by Mr. J. W. Hulke.

Mr. E. Distin Maddock was admitted a Fellow of the Society.

Jas. John MacWhirter Dunbar, M.B., was proposed for election.

The following communication was then read:

On the Estimation of Uric Acid by its Reducing Action upon the Ammoniated Cupric Test. By F. W Pavy, M.D., F.R.S., Physician to, and Lecturer on Medicine at, Guy's Hospital. (Received February 10th, 1880.)

(Abstract.)

The author first refers to the importance of being able to determine readily and with precision the amount of uric acid voided, for the purpose of studying the conditions which tell favorably and unfavorably upon the uric acid diathesis, and as a guide to treatment during the management of a case in which the uric acid deposit occurs.

The old methods of estimating uric acid could not be spoken of as meeting the requirements of the medical practitioner, either as regards facility of application or precision.

The method which the author desired to bring before the notice of the Society is founded upon the reducing action which uric acid, like sugar, exerts upon the oxide of copper. The ordinary form of copper test is not susceptible of application to the purpose, but the ammoniated cupric liquid which the author has recently introduced ('Proceedings of the Royal Society,' vol xxviii, p. 260, and vol. xxix, p. 272) for the quantitative determination of sugar is perfectly available. With this test the reduced oxide, instead of falling as a precipitate, is held in solution by the ammonia, and a simple decoloration of the liquid occurs as the reduction proceeds.

The mode of preparation and employment of the test having been described, it is stated that the results obtained from observations conducted with known quantities of pure uric acid so closely harmonised with the expression that 3 atoms of oxide of copper are reduced by 1 atom of uric acid as to justify this formula being adopted as the basis of calculation for the process.

For the determination of the uric acid in a specimen of urine the reducing power is taken before and after treatment with acetate of lead. The first or total reducing action is in part due

to uric-acid, and in part to the small amount of sugar which urine naturally contains. The addition of acetate of lead effects a precipitation of the uric acid, and the reducing power now obtained represents the reducing power of the urine, minus that of the uric acid it contained. By the difference between the two determinations the amount of uric acid is ascertained. The mode of calculation is given.

Results are furnished showing the precision with which known quantities of uric acid added to urine are revealed by the process.

To be certain that what is taken as expressing uric acid is in reality due solely to the presence of uric acid, the process was checked against the actual collection and subsequent determination of the uric acid. Results are first given to show that the collection and subsequent determination of uric acid can be carried out in a manner to afford reliable information, and then the two processes—the determination from the difference in the reducing power before and after precipitation with acetate of lead, and by actual separation of the uric acid and its subsequent estimation—were applied to various specimens of urine, and the results compared. The figures obtained present a close accord and justify confidence being placed in the results derived from the process brought forward.

The author thus concludes his communication: "This completes what I have to say about the process I have described for the estimation of uric acid. The next matter to deal with is the results obtained by its application to the urine under various conditions of health and disease. This is a matter of some magnitude, which I must reserve for the subject of a future communication, but I may here state that, according to the observations I have conducted, the figures that have been hitherto given as representing the amount of uric acid present will have to undergo considerable alteration."

After the reading of the paper Dr. Pavy gave a demonstration in illustration of it, and towards the end of the meeting Sir Henry Thompson exhibited and demonstrated on the living subject the use of the Nietze-Leiter Endoscope.

April 13*th*, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—28 Fellows and 1 visitor.

Books were presented by Dr. Wickham Legg, Mr. John Couper, and the Managers of the Sussex Lunatic Asylum.

James William Browne, M.B. Oxon., M.R.C.S., James John MacWhirter Dunbar, M.B., and William James Tivy, F.R.C.S., were elected Fellows of the Society.

The following communications were read:

I. A Case of Extreme Pharyngeal Stenosis, the Result of Syphilis, with Remarks. By T. GILBART SMITH, M.A., M.D., Assistant Physician to the London Hospital, and Physician to the Royal Hospital for Diseases of the Chest; and WILLIAM JOHNSON WALSHAM, F.R.C.S., Demonstrator of Anatomy and Operative Surgery to St. Bartholomew's Hospital, Surgeon to the Metropolitan Free Hospital, and Surgeon to the Royal Hospital for Diseases of the Chest. (Received February 10th, 1880.)

(*Abstract.*)

The subject of this case was a woman, 47 years old, who was admitted, on October the 29th, 1878, into the Royal Hospital for Diseases of the Chest, under the care of Dr. Gilbart Smith, suffering from prostration and dysphagia accompanied by severe and recurrent attacks of dyspnœa. She gave a clear history of syphilis which she had evidently contracted soon after her marriage, twenty-six years ago. She suffered for the first time ten years ago from ulceration of the throat. This was relieved by treatment, but recurred at intervals up to the time of her admission. Eight months ago her voice became affected, and the movements of the tongue impeded. For six months she had been unable to swallow food, and for two months had suffered from severe and alarming attacks of dyspnœa. The tongue could not be protruded beyond the teeth, the right posterior pillar of the fauces was drawn backwards, and was adherent to the posterior wall of the pharynx. The uvula and a considerable portion of the soft palate had disappeared, leaving a clean, semi-circular border to the portion that remained.

On laryngoscopic examination, the epiglottis and vocal cords could not be seen, but an aperture was visible one-eighth of an inch in diameter, at the bottom of a funnel-shaped depression to the left of the middle line on a level with the epiglottis. This was separated by a thick cicatricial band from another and deeper depression to the right, which terminated in a cul-de-sac containing pus. This small aperture after considerable difficulty was made out to be the only entrance to the larynx and œsophagus. Tracheotomy was performed by Mr. Walsham on November 1st. On November 24th attempts at dilatation were made, and on succeeding days repeated; but they failed to produce any material benefit. Stretching by means of laminaria and sponge tents could not be borne. On December 5th, Mr. Walsham partially divided the cicatricial band bounding one side of the aperture with M. Ricord's urethrotome. On the 8th it was further divided with a pair of curved scissors. One blade being placed in the aperture, the other in the ulcerated depression, incision was made little by little from above downwards, so that a full view was obtained of the cut surface of the tissues, and any vessel, if divided, could be seen and secured. Care was taken to enlarge the aperture as much as possible in such a direction as would allow the food, in passing downwards, to avoid the entrance into the larynx. The parts were then forcibly dilated by the finger and œsophagus bougie. On December 12th another incision was made at a different spot, and the epiglottis, vocal cords, and arytenoid cartilages came into view. When the patient left the hospital, December 18th, the aperture measured three quarters of an inch in diameter, and admitted a full-sized œsophagus bougie. On September 23rd, 1879, she was again seen by Dr. Gilbart Smith; the aperture had not contracted in the least.

Stenosis of the pharynx appears to be very rare. The authors describe three distinct forms. The first, the most common, is situated between the naso- and mid-pharynx, and is caused by ulceration and contraction of the posterior pillars of the fauces, and the drawing backwards and subsequent adhesion of the soft palate to the pharyngeal wall. Cases of this kind are reported by Messrs. Bradley, Cheevers, Reid, Coulson and Schech. The second form is more rare. It occurs between the mouth and the pharynx, and is produced by the ulceration and contraction of the anterior fauces, and the drawing downwards and subsequent adhesion of the soft palate to the dorsum of the tongue. A case is reported by Mr. West. The third variety involves the lower part of the pharynx, as in the case now before the Society, the stenosis being produced by bands of adhesions or soft or tough membranes, which stretch across the pharynx and glue the parts together. Other similar cases are reported by Schech, Gerhardt, Trendelenburg, Schroetter, West, and Cheevers.

The authors drew the following conclusions:

1. That tracheotomy is called for, both as a temporary expedient to obviate sudden death from asphyxia, and as an essential factor for safe and satisfactory treatment.

2. That division with a guarded knife presents advantages over other methods of treatment.

3. That several small notches are preferable to a deep incision; and that when possible the parts should be divided from above downwards, so as to allow a full view of the surface of the tissues divided.

4. That the aperture should be enlarged in a direction so as to permit the passage of liquid food clear of the entrance to the larynx.

II. On the Partial Metabolism by the Liver of Leucin and Tyrosin into Urea. By EDWARD C. ANDERSON, M.D., M.A., Gonville and Caius College, Cambridge. (Communicated by LIONEL S. BEALE, M.B.) (Received February 19th, 1880.)

(*Abstract.*)

Preliminary statement.—"The presence of leucin and tyrosin in the urine of man, in the course of numerous diseases, shows that it is a function of the healthy liver to decompose them partly into urea, and to, thereby, prevent their undue accumulation within the system."

It has been, and still is, universally taught that leucin and tyrosin are present most especially in acute yellow atrophy of the liver—an exceedingly rare disease, to quote Green;—that, in addition, one or both have been discovered by Beale in chronic wasting of the liver and in leucocythæmia; by Frerichs and Städeler in typhus, small-pox, and in some of the other exanthemata; and Balfour infers, if he does not state positively, that they, or at least certain abnormal constituents were present in the urine in a case of remora of the hepatic circulation due to valvular disease. Murchison, however, attributed their presence in typhus, &c., to concurrent acute atrophy.

Having met with, on November 11th, 1877, a case of jaundice arising from obstruction, I, more through curiosity than from anything else, examined the urine for leucin and tyrosin and discovered them; moreover, finding that during convalescence, first tyrosin disappeared, and finally leucin; and that, during each return of the symptoms, on future slight recurrences, leucin reappeared, I determined upon prosecuting strict and extended research for these constituents in as many pathological manifestations as came under my notice.

As a result, out of 33 individuals (about 10 of whom came under my care frequently, and therefore counted as cases, their number would exceed 60), in whose urine either leucin alone or tyrosin and leucin existed, there were of jaundice

2, mitral and aortic incompetency 1, cirrhosis 1, acute rheumatism with pneumonia 2, nephritis with dyspepsia 1, anæmia 1, phthisis with intestinal obstruction 1, phthisis 1, colic 1, pleuro-pneumonia 2, chronic bronchitis 1, hepatic derangement 5, emphysema 2, Bright's disease with præsystolic and mitral systolic bruits 1, bronchitis with asthma 1, acute rheumatism 1, chronic and spasmodic asthma 3, puerperal eclampsia 1, delirium tremens 1, hemiplegia 1, pertussis 1, cancer of liver 1, puerperal septicæmia and embolism into base of right lung 1.

That is to say, there were over eighteen or nineteen different diseases in which either leucin alone, or tyrosin and leucin were present; and differing in two senses, for firstly, they differ among themselves, and secondly, because they do not include either acute yellow atrophy, chronic yellow atrophy, typhus, small-pox, or the other exanthemata.

Tyrosin is said to generally accompany leucin, but it was absent in 19 out of the 33 individuals; moreover, it most usually occurs in only the severer manifestations of disease.

Some physiologists assert, but by others it is disputed that, in certain cases, urea is almost completely replaced in the urine by leucin and tyrosin. Beale found tyrosin in considerable quantity in urine which contained much uric acid. In my case of puerperal eclampsia, out of a total of five fluid ounces of urine passed in three days, albumin was copious; uric acid in enormous quantity; urea in only minute amount; much leucin and tyrosin. In the hemiplegia case, at the commencement, albumin was very appreciable; leucin abundant; urea deficient; within a week of taking euonymin nightly, albumin was reduced to mere trace; leucin greatly lessened; more urea and water in urine. Under similar treatment a like increase of urea and diminution of leucin or of tyrosin and leucin, occurred in Nos. 12, 23, 24, 25, 26, 29, 30, 31, of the individuals whose diseases are recorded. I am, therefore, of opinion that the presence of leucin and tyrosin in the urine is due to corresponding deficiency of urea; that this is not invalidated by the circumstance of the simultaneous existence of much leucin and tyrosin and increased quantity of urea, for that during great destructive metabolism, such for instance, as occurs in the course of many diseases, the liver is so overtaxed as to cast into the blood, not only urea in large amount, but the overplus of waste, viz. leucin and tyrosin; moreover, as convalescence advances, although the absolute quantity of urea daily eliminated may have become less, the most marked and progressive diminution takes place in leucin and tyrosin, and as I have shown, occasionally in albumin and uric acid.

As a strong presumption in favour of the theory, that among the many functions of the liver the formation of urea from leucin, if not from tyrosin may be ranked as one. It has been instanced that in cases of acute atrophy of the liver, where the hepatic gland cells lose their functional activity, the urea of the urine is replaced by leucin and tyrosin. If such be the case, the inference seems irresistible that the numerous diseases in which leucin and tyrosin (one or both) are shown to have been present; their diminution during convalescence; reappearance and increase during each return and exacerbation of the symptoms; their final disappearance and the order of it, viz. firstly tyrosin and then leucin; the circumstance that tyrosin appears only in and during the severer manifestations; their increase and diminution in inverse proportion to the amount of urea; and lastly, the influence exerted by the preparations of salicin and euonymin (well-known hepatic stimulants) in increasing the quantity of urea and in diminishing that of leucin and tyrosin strengthen and support in the fullest possible manner this theory.

Frerichs asserts that leucin and tyrosin are found only in the *hepatic and not in the portal vein.* This would seem irreconcilable, in the face of so much to the contrary, but for one possible explanation. I refer to the early stages of so-called nutmeg liver. Here, owing to " remora," there is congestion and partial stasis of the contents of the intra-lobular veins, and consequently, pressure upon and interruption to the functional activity of the gland-cells immediately surrounding them.

April 27th, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—16 Fellows and 5 visitors.

Books were presented by Dr. Buchanan, Dr. Buckler, Dr. J. C. Bucknill, Dr. L. D. Bulkley, Dr. Debout d'Estrées, Mr. John Marshall, Prof. F. Rizzoli, Dr. A. Zuinis, the India Office, the Royal Society of Edinburgh, Bethlem Hospital, and the New York Academy of Medicine.

A collection of old books, not previously (or not in the same editions) in the Society's library, to the number of eighty-two volumes, were presented by Dr. Newton Heale, of Winchester, including Jules Cloquet's 'Anatomie,' 5 vols., folio, 1822-31; Tuson's 'Myology,' 2 vols., folio, 1828; 'Aretæus et Theophrastus,' folio, 1603; Hippocrates' 'History of Epidemics,' by Farr, 4to., 1780; Sir A. Cooper 'On Dislocations,' 7th edit., 4to., 1831; Sir A. Cooper 'On the Testis,' 4to., 1830; Morgagni 'On the Seats of Diseases,' by Alexander, 3 vols., 4to., 1789; and works by Laennec, Brodie, Hunter, Hey, Abernethy, Cheselden, Sydenham, Boerhaave, Christison, Cullen, Travers, Blumenbach, Mauriceau, Magendie, Richerand, Underwood, Saunders, Burns, &c., of which the same editions were not previously in the Society's library.

Mr. Wm. A. Meredith was admitted a Fellow of the Society.

The following communications were read:

I. An Account of the Dissection of the Parts Removed after Death from the Body of a Woman the Subject of Congenital Malformation of the Spinal Column, Bony Thorax, and Left Scapular Arch; with remarks on the probable nature of the Defects in Development producing the Deformities. By ALFRED WILLETT, F.R.C.S., Surgeon to St. Bartholomew's and to St. Luke's Hospitals; and WILLIAM JOHNSON WALSHAM, F.R.C.S., Demonstrator of Anatomy and of Operative Surgery to St. Bartholomew's Hospital, Surgeon to the Metropolitan Free Hospital and the Royal Hospital for Diseases of the Chest, City Road. (Received March 11th, 1880.)

(*Abstract.*)

Previous history of the case.—The following particulars are given of the woman from whom the specimen of deformed thorax was taken.

1. The curvature of the spine had existed since birth.

2. She was a woman of average height, and until uncovered did not present any noticeable deformity.

3. She had given birth to a healthy child.

4. Her mother had a curvature of the spine.

5. When undergoing physical examination of the chest an immobility of the scapula had attracted attention, and the case on this account was referred to one of us (Mr. Willett).

6. The immobility of the scapula was found to be due to its union through the medium of a broad bridge of bone with the lower cervical vertebræ.

7. Extremely wide intercostal spaces were noticed, the impulse of the heart's apex being widely diffused and abnormally distinct as if transmitted through attenuated structures.

8. She was the subject of mitral disease, and died of cardiac dropsy in her 31st year.

9. Casts of the deformity taken during life are presented for inspection.

General description of the specimen.—The portion of the spinal column preserved deviates from the natural condition—

1st. In that not only has it lost the posterior convexity, but it has if anything a slight anterior curve; and

2nd. There is a sharp lateral curve with the convexity to the left in the upper dorsal region corresponding to the absence of the right half of the third dorsal vertebra.

3rd. There is a longer and slighter compensatory curve in the lower dorsal region.

4th. Four and a half of the dorsal vertebræ are missing.

The distortion of the thorax corresponds generally to the altered line of the spine. There are five ribs missing on the right and four on the left side of the chest. The intercostal spaces are abnormally wide.

The sternum lies obliquely across the middle line, pointing in its long axis forwards and from right to left; its upper end is only three-quarters of an inch from the spine, its lower end three inches, instead of two and nine inches respectively.

The cavity of the thorax is diminished in all its diameters, especially in the antero-posterior in the middle line; whilst this measurement is markedly less on the right side than on the left. The abnormal shape of the thorax in transverse section is well seen in the diagrams made by the aid of Dr. Gee's cyrtometer.

The left clavicle deviates notably from the normal; its general direction from the sternum is upwards, forwards, and outwards. It has also a single posterior curve throughout its entire length.

The left scapula presents a most remarkable deformity. There is a broad bridge of bone extending from the middle third of the posterior border of this bone backwards and upwards to the lamina and spinous process of the sixth cervical vertebra. The transverse axis of the scapula is elongated, whilst the vertical is shortened, and the bone appears rotated forwards so that the glenoid cavity looks nearly directly forwards, whilst the plane of it is nearly an inch in front of the left sterno-clavicular articulation. The upper border and spine, instead of being directed nearly horizontally outwards from the base, slope downwards and forwards as well as outwards.

Next follows a detailed description of the malformations of the various bones, and an account of the dissection of the soft parts connected with them.

Remarks on the probable nature of the defects in development producing the deformities.—The absence of the right half of what appears to be the third dorsal vertebra is the cause of the curvature of the spine. The absence of half a vertebra has generally been ascribed to defects in the process of ossification. The authors think the absence is due to changes occurring at an earlier period of development—probably at the time of the primary segmentation of the mesoblastic elements into the protovertebræ. They bring forward several arguments in support of this theory, and refer to many specimens in the Museum of the Royal College of Surgeons, St. Bartholomew's and Guy's Hospitals, presenting similar deformities, which they think lend support to their view.

The bridge-like portion of bone connecting the spine with the scapula is the chief feature of interest in this specimen. The authors suggest several theories to account for its presence. They classify them under three heads, according as they are based upon one or other of the following hypotheses:

1st. That the bone was formed in connection with the vertebræ, and afterwards became anchylosed to the scapula.

2nd. That it was originally a scapular element, and secondarily became fused with the spine.

3rd. That it was formed independently both of the spine and the scapula.

On the first hypothesis the bone may be—

1. An outgrowth of the spinous process or of its epiphysis.

2. An overdevelopment of one of the lateral backward projecting processes, called hyperapophyses, developed near the extremity of the spinous process.

On the second hypothesis it may be—

3. An overgrowth of the epiphysis, which exists at the posterior border of the scapula; in other words, a supra-scapular bone. The scapular arch consequently presents an example of a

reversion to a lower type, viz. that of the skate or the frog tribe.

On the third hypothesis it may be—

4. An ossification of one of the inter-muscular planes of connective tissue stretching between the spine and the scapula.

5. A rudimentary scapula, explainable on the theory that the embryo was originally cleft, and that by atrophy and by fusion with the other half, one half had disappeared, with the exception of the scapula which remains as the bridge of bone.

The authors at some length discuss the arguments for and against these various theories; that which supposes the bone a supra-scapula they consider the most probable.

II. Compound Fracture of the Femur Twenty Years after Excision of the Knee-joint for Disease, the line of Fracture being transversely one inch above the Bony Union. By FREDERICK JAMES GANT, F.R.C.S., Senior Surgeon to the Royal Free Hospital. (Received February 12th, 1880.)

(*Abstract.*)

In considering excision of the knee-joint for disease, as an operation having in view the preservation of a useful limb, that result could only be attained by complete synostosis or bony union of the femur and tibia; and as a similar result may be produced by osseous anchylosis, from the natural cure of the disease, this is the true ground for comparison in estimating the result of excision. The comparative merits of bony union and ossific anchylosis must have regard to the functional utility of the limb, for the twofold purpose of support and progression; taking into account also the relative duration of the processes of cure and the risk to life.

The author adverts to the process of natural cure in joint-disease from all these points of consideration.

On the other hand, the practical importance is urged of entirely dissociating joint-excision from amputation of a limb, as alternative procedures; and the conditions are specified under which either operation becomes justifiable in the career of joint-disease, having reference principally to the constitutional health of the patient requisite to undergo the different periods of recovery after operation.

The history of the case to which the paper relates is narrated: its chief features being, that a woman, aged 33, admitted into the Royal Free Hospital, September 12th, 1859, had chronic synovitis of the right knee-joint, arising from injury; the duration of the disease was six years; ulceration of the articular cartilages had ensued with caries of the adjoining portions of bone, and malposition of the leg backwards towards the buttock, thus rendering the limb functionally useless. The constitutional condition, however, was not that of advanced hectic, but one of nervous exhaustion.

Excision of the joint resulted in firm osseous union in the unusually short period of two months. A thoroughly useful limb continued for twenty years, during which period the woman often walked several miles a day, without any artificial help. She then fell down stairs and snapped the femur, the bone breaking one inch above the union, and rending the integument open to the extent of some inches across. From the shock of this severe compound fracture, and the collapse due to rather copious hæmorrhage, although without injury to the popliteal artery, the patient never rallied after her admission to the hospital on this occasion.

Section shows complete synostosis of the femur and tibia, and that the bones are fused together, the line of junction being imperceptible. It resisted the extreme violence, aided by the leverage of the leg, which broke the femur across just above the union. Whether anchylosis would have withstood the same amount of force may well be doubted. Thus the cure resulting from surgical interference in joint disease may prove more effectual than that produced by nature, and the limb be rendered far more safely serviceable.

May 11*th*, 1880.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—35 Fellows and 6 visitors.

Books were presented by Dr. R. W. Amidon, Mr. Berkeley Hill, Dr. Wickham Legg, Mr. F. Mason, Mr. R. W. Parker, Dr. Wm. Rutherford, Dr. E. C. Seguin, the Zoological Society, and the Local Government Board.

J. J. MacWhirter Dunbar, M.B., was admitted a Fellow of the Society.

The following communications were read:

I. A Third Case of Extra-Uterine Gestation treated by Abdominal Section. By Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women. (Received February 20th, 1880.)

(*Abstract.*)

The case differs from the two previously read before the Society in that the operation was performed before the death of the child, whose life was saved, but the mother succumbed to the operation. Mrs. S—, æt. 33, had been married fourteen years, and had had six children. Since her last menstruation in May, 1879, she had been in constant pain, of which a severe attack occurred in July. In October she became satisfied she was pregnant, and Mr. Lattey, suspecting the nature of the case, asked Mr. Tait to see her. A large abdominal swelling was evidently a pregnancy, and to the left of the umbilicus was a prominent mass, which from its rythmic contraction was clearly the uterus, and was attached to the larger mass behind it. The head of the child was detected between the rectum and vagina. The pain becoming agonising, and being unrelieved by opiates, an operation was determined on. Ether was administered on the morning of January 31st, and on making the median incision, the empty uterus was found, and the cyst, which was the right broad ligament, was opened, and the child removed without difficulty; the edges of the opening of the cyst being then secured to those of the parietal wound, leaving an opening for the discharge of the placenta, and the peritoneal cavity was closed. The child was at first profoundly narcotised, but is now, three weeks after, thriving and well. The death of the mother, which occurred on the fourth day, seemed to be from protracted shock. At the post-mortem examination there were found some morbid appearances in the liver, and ante-mortem clots in the heart, but no peritonitis. The cyst proved to be the broad ligament as diagnosed, and there was a deciduous lining in the uterus in process of separation. The Fallopian tube had been ruptured at its lower aspect, the ovum thus escaping into the tissue of the broad ligament, and the case confirmed the author's opinion that all extra-uterine pregnancies are originally tubal, that the tube bursts in between eight and twelve weeks, and where this rupture is not fatal, an extra-uterine pregnancy is completed.

The unfavorable result to the mother was due to the delay in the operation, but the case is of interest from the saving of the child. The child might have been removed by vaginal section, but large venous sinuses in every direction made it likely that any injury to one of them would be fatal, and in vaginal section it is impossible to see what to avoid.

II. On the Treatment of Pelvic Suppuration by Abdominal Section and Drainage. By Lawson Tait, F.R.C.S.,

Surgeon to the Birmingham Hospital for Women.
(Received April 18th, 1880.)

(*Abstract.*)

This paper advocates the principle of opening and draining the various conditions of suppuration, classed as "pelvic abscess." The author points out, and quotes Dr. West in support, that in very many of these cases the abscess opens into the rectum or other part of the intestine, the bladder, or round amongst the muscles of the anterior abdominal wall. When such openings are established either death occurs or recovery is extremely protracted. Even when the abscess opens into the vagina or can be tapped from that canal, the recovery is frequently prolonged to an extent not commensurate with the size of the abscess.

The author then narrates six cases of pelvic origin, all of which seem to have originated in extra-peritoneal hæmatoceles. In none of them would vaginal tapping have been effectual in properly emptying the abscesses of the clot débris. They were opened from above, the opening into the abscess cavity being carefully stitched to the opening in the abdominal walls, save in one case where an already made adhesion rendered this part of the operation unnecessary. Wide glass drainage tubes were then inserted and then were changed for smaller ones, and then again for wire or soft india-rubber tubes. The abscesses were closed, and the patients restored to health in about thirty days, and all the patients made rapid and complete recoveries.

Mr. Tait's general conclusion from these cases is that the opening of such abscesses by abdominal section is neither a difficult nor a dangerous operation; that recovery is made in this way more certain and rapid than in any other; and that in future he will always advise an exploratory incision in cases where he is satisfied there is an abscess, but where he cannot reach it or empty it satisfactorily from below.

III. A Case of Sub-coracoid Dislocation of the Humerus, without Laceration of the Capsule, and with an Indentation on the Posterior Surface of the Head of the Humerus; with Remarks on the Mode of Production of Fracture of the Anatomical Neck, with Dislocation. By Frederic S. Eve, F.R.C.S., Curator of the Museum of St. Bartholomew's Hospital. (Received March 23rd, 1880.)

(*Abstract.*)

Thomas B—, æt. 36, was knocked down by a train while at work on the line.

On admission to St. Bartholomew's Hospital he was found to have sustained a sub-coracoid dislocation of the right humerus, presenting the ordinary characters. The dislocation was readily reduced by traction with the heel in the axilla.

He died twelve hours after the accident from injuries to the thorax.

Dissection.—Except some laceration of the lower part of the deltoid, the muscles of the shoulder were not damaged. The joint was unopened, but on incising the capsule it was found to have been detached from the anterior margin of the glenoid cavity, but remained continuous with the periosteum.

On the posterior surface of the head of the humerus, at the margin of the articular cartilage, a deep vertical indentation or groove was seen, into which the anterior margin of the glenoid cavity accurately fitted.

Remarks.—The injury was probably produced by direct violence. The author has been unable to find on record a single case of traumatic dislocation in which the joint was not opened. The groove or indentation was doubtless, from its position and shape, produced by the forcible impact of the humerus against the anterior margin of the glenoid cavity.

Malgaigne,[1] who mentions two specimens of old dislocation forwards, in which somewhat similar grooves had been formed by

[1] 'Fractures et Luxations,' p. 496.

attrition, thinks that they are sometimes produced as in the case related.

An easy explanation of the mode of production of fracture of the anatomical neck with dislocation of the head is suggested by this case, for if the blow had been sufficiently forcible the head would have been chipped off by the anterior margin of the glenoid cavity, and would then have been displaced forwards. Also an explanation of the cases of impacted fracture of the anatomical neck with rotation of the head of the humerus on its axis, which is borne out, in several particulars, by the two cases recorded by Mr. W. R. Smith.[1] In both of these the head was displaced forwards.

May 25*th*, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—18 Fellows and 2 visitors.

Books were presented by Mr. R. Brudenell Carter, Dr. John Cockle, Dr. W. R. Gowers, Dr. Vincent Harris, Dr. F. G. Mouat, Mr. D'Arcy Power, Dr. E. C. Seguin, the Pharmaceutical Society, the India Office, the Athenæum, and the Director of the Central Sanitary Bureau of Japan.

The following communications were read:

I. On the Treatment of Lateral Curvature of the Spine by the Use of Steel Supports, Plaster-of-Paris Jacket, and Poroplastic Jacket. By WILLIAM ADAMS, F.R.C.S., Surgeon to the Great Northern Hos-

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[1] 'Fractures and Dislocations,' pp. 196 and 197.

pital, and to the National Hospital for Paralysed and Epileptic. (Received April 13th, 1880.)

(*Abstract.*)

The author commenced by alluding to the great change in the treatment of curvatures of the spine—both angular and lateral—during the last three years in consequence of the method introduced by Professor Sayre, of New York, *i. e.* the application of the principle of extension by suspending the patient from the head and arms, and then applying a plaster-of-Paris jacket during suspension.

In the present paper the author did not propose to speak of angular curvature from Pott's disease further than to say that it was in this class of cases the advantages of the plaster-of-Paris jacket were most conspicuous, and the author's experience led him to confirm all that Professor Sayre had claimed for it; but in the treatment of lateral curvature Mr. Adams differed widely from Dr. Sayre, and believed the plaster-of-Paris jacket to be as useless and injurious in this class of cases as it is useful in cases of angular curvature.

For practical purposes the author proposed to arrange all cases of lateral curvature in three classes, viz.:—1st. Physiological curves. 2nd. Confirmed structural curves. 3rd. Commencing structural curves.

In forming a diagnosis between these three classes the importance of the stooping position, as affording evidence of the existence of rotation of the bodies of the vertebræ, was particularly insisted upon, attention being directed to the symmetrical relations or otherwise of the angles of the ribs in the dorsal region and of the transverse processes in the lumbar region, rather than to the spinous processes, the apices of which may preserve their normally straight line in relation to one another, without any lateral deviation, whilst rotation of the bodies of the vertebræ may have taken place to a considerable extent, rendering the case incurable, a fact illustrated by a specimen exhibited to the Society by Dr. Hodgkin and Mr. Adams, and described in a paper published with illustrations in vol. xxxvii of the 'Transactions' of the Society.

In the cases of commencing structural curve, in which probably the intervertebral cartilages only have suffered from unequal compression, arranged in the third class, and forming an intermediate group between the first and second classes, the spinal curvature is much more apparent in the standing than in the stooping position, although in the stooping position it does not completely disappear, as in the physiological curves. Some evidence of commencing rotation is afforded by a slight posterior projection of the angles of the ribs on one side and depression on the other, and a similar deviation as regards the transverse processes in the lumbar region when the patient is examined in the stooping position.

With regard to treatment of cases in the first class or physiological curves no mechanical treatment by any form of spinal support should be given, but reliance placed entirely upon physiological means, such as gymnastic exercises, partial recumbency, and attention to the general health. In some cases an elastic brace attached to stays may be given. In the second class of confirmed structural curves mechanical support of some kind must be resorted to and continued during the period of growth, in the hope of preventing increase and obtaining some improvement in the curvature; but confirmed lateral curvature, whether slight or severe, with its adapted series of structural changes, is essentially an incurable affection. The most efficient retentive spinal support is that form of instrument made with a pelvic belt, and spring plates attached to vertical bars at the back, without any mechanism requiring alteration by the surgeon. In some favorable cases for improvement the stronger spinal instrument, with steel plates attached to levers, and adjusted by rack-and-pinion movements, may be used with advantage.

Sayre's plaster-of-Paris jacket has been largely employed in these cases, but from what the author had observed in the practice of others he condemned its application on the following grounds:—That it fails as a curable agent, the gain in height by extension being quickly lost; that it weakens the spinal muscles by its constant use, and hinders gymnastic exercises; that it restrains respiratory movements, and prevents active exercise; that it is an unnecessary restraint at night, and interferes with bathing and cleanliness.

Another form of support has been recently introduced—the poro-plastic jacket, which when softened by steam is applied in the same way as the plaster-of-Paris jacket during suspension, and is free from the disadvantages of the latter, as it can be removed at night or at any time for the purpose of gymnastic exercises, &c. It acts as an efficient and light retentive support in many cases of incurable curvature.

With regard to the cases of *commencing structural curves* in the third class, these form the only curable cases of lateral curvature, and for their cure the author recommended a combination of mechanical support, gymnastic exercises, and partial recumbency and mechanical support by either of the steel instruments above described according to the case. By this combination of physiological and mechanical means the further progress of curvature will be arrested, and the best opportunity afforded for recovery from such slight structural damage as may have already occurred.

II. On a Case of Epithelioma of the Neck following a Patch of Chronic Skin Disease, in which the Cancer was Twice Excised, and the External and Internal Jugulars were Ligatured. By Henry Morris, F.R.C.S., Surgeon to, and Lecturer on Anatomy at, the Middlesex Hospital. (Received April 10th, 1880.)

(*Abstract.*)

Eliza H—, æt. 60, for years had a small, circular, red and scaly patch on the right side of the neck, which remained in much the same condition, shedding fine scales occasionally, for five years. At the end of this time, and about four years before admission into the Middlesex Hospital, the surface of the patch was knocked off by the elbow of a child, then followed a scab, and the gradual extension of the underlying sore. Subsequently, under a course of treatment by "burning plasters," the sore spread more rapidly until it reached the size of half the palm of a man's hand, having raised, everted, hardened edges, and a yellow-grey, and in places sloughy, base. It was situated in the central and upper part of the right posterior triangle. She had also a large bilateral solid bronchocele, which on both sides displaced the large cervical vessels outwards. On September 20th, 1876, the growth was excised, and the external jugular vein was ligatured. The microscopical examination of the ulcer proved it to be an ordinary epithelial cancer. The patient made a good recovery, and remained well until January, 1878, when the growth recurred. On March 21st, 1878, this was excised, and during the operation the internal jugular vein, which was largely involved in the disease, was wounded. A silk ligature was applied to the vein above and another below the wound. Chloride-of-zinc paste was required in the after-treatment to one or two points where the disease showed a tendency to recur, but ultimately a good recovery was made; the patient left the hospital on May 23rd, 1878, and remains well to this date (April, 1880).

The case affords another illustration (although a somewhat different one from ichthyosis of the tongue and eczema of the nipple) of cancer excited by long-standing irritation of epithelial surfaces, and spreading from those surfaces to the tissues beyond. It also points to the truth of Sir James Paget's suggestion "that a superficial disease induces in the structures beneath, in the course of many months, such degeneracy as makes them apt to become the seats of cancer," and, further, it gives support, like the other cases referred to, to the local as against the constitutional hypothesis of the origin of cancer.

As regards the ligation of the internal jugular vein, reported cases justify the conclusion that the simultaneous ligation of the common carotid artery and the internal jugular vein, contrary to the opinion of Langenbeck, is at least four times more likely to excite brain mischief than ligation of the internal jugular alone; and that in no case in which the ligature has been completely, *i.e.* not laterally applied, has either apoplexy, softening of the brain, or other cerebral disorders ensued.

While incised and punctured wounds of the internal jugular if not treated by the ligature are almost invariably fatal, yet the chances of a good recovery after the complete ligation of this vein are very considerable, provided the carotid artery is not interfered with, and that neither extreme hæmorrhage nor the aspiration of air into the vein has occurred before the application of the ligature. The mortality of cases hitherto reported is not more than 10 per cent. when the vein alone is ligatured, but if the carotid be ligatured at the same time as the vein the chances of recovery and death are about equal, *i.e.* the mortality is about 50 per cent., or 7 per cent. higher than the mortality after ligature of the common carotid alone.

June 8th, 1880.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—31 Fellows and 5 visitors.

Books were presented by Dr. Aveling, Mr. T. B. Curling, Mr. Alfred Frost, Mr. Benjamin Heald, and Mr. W. MacCormac.

The following communication was read:

On Basic Cavity of the Lung treated by Paracentesis. By R. Douglas Powell, M.D., F.R.C.P., Physician to the Brompton Hospital, and Assistant Physician to the Middlesex Hospital; and R. W. Lyell,

F.R.C.S., Assistant Surgeon to the Middlesex Hospital. (Received April 13th, 1880.)

(*Abstract.*)

The case related was that of a man, æt. 49, of previous good health, but intemperate habits, who, in December, 1878, had had bronchitis, followed in the ensuing February by pleuro-pneumonia and fœtid expectoration. He improved after a time, but relapsed again in July, and in August was admitted into the Middlesex Hospital under Dr. Powell's care. On admission the physical signs showed consolidation of the lower lobe of the right lung, with excavation of its central portion, the cavity signs being centered about the level of the seventh dorsal spine in the line of the angle of the scapula. There was considerable hectic, diarrhœa and anorexia. The breath and expectoration were extremely fœtid, the latter being muco-purulent in character, and very abundant, amounting to about one pint in the twenty-four hours.

The area of excavation having been carefully marked out, the operation of paracentesis was performed by Mr. Lyell on the 11th September. A medium-sized aspiration trocar was first thrust in at the eighth space mid scapular line, and a free incision having been made through the tissues down to the intercostal membrane, the fine trocar was withdrawn and a full-sized hydrocele trocar inserted, which, after slightly enlarging the opening, was in its turn removed, and a large drainage tube introduced. Carbolised dressings were applied. A moderate quantity of secretion escaped from the wound (which gave rise to no serious bleeding), and the discharge subsequently from the tube, although free, was never abundant. The *expectoration and cough,* however, at once almost entirely ceased. The wound was dressed daily under the carbolic spray with the view of disinfecting it and the cavity, and injections of Condy's solution were used. On October the 2nd there was some return of fœtor of breath, that of the discharge from the tube having never quite been corrected. Some trouble was occasioned by the tube slipping out, its reintroduction being hindered by encroaching

granulations, and the tube was felt to strike against some impediment deep in the lung. The channel was kept dilated, however, and the patient improved in strength, and on the 20th was transferred to the Brompton Hospital. Fœtor of sputa returned towards the end of the month, however, although the amount expectorated continued to be very scanty. The patient lost ground rapidly, and was finally seized with pleuro-pneumonia on the opposite side, of which he died on the 31st October, fifty days after the operation.

The post-mortem examination revealed the presence of several intercommunicating cavities in the lower lobe of the right lung. This lobe was firmly adherent throughout, and a drainage tube passing through the eighth intercostal space entered a contracted cavity, which was connected with the main cavity by a short dilated bronchus. This small cavity must have been closely subpleural, and was the very lowest of the series, although at so high a level as the eighth space it was only separated from the diaphragm by one eighth of an inch. It was evident that in contracting upon the tube the wall of the cavity had come in contact with and partially occluded its extremity. The rest of the lobe was densely consolidated by fibroid growth surrounding bronchiectatic cavities. There was broncho-pneumonia and effusion on the left side. The rest of the lungs were emphysematous.

Remarks.—In their remarks upon the case the authors comment upon the infrequency with which the base of the lung has been tapped, and point out that the intermediate cessation of cough and expectoration after operation in this case was a fact very encouraging to future interference with such cavities under more favourable circumstances, and afforded a valuable hint respecting the importance of disinfecting lung cavities. For it was clear, from the small amount of the discharge compared with the great previous quantity of expectoration, that the bulk of that expectoration had been yielded by the bronchi irritated by the acrid fluid and gases in their passage from the cavities.

Whilst advocating the puncture of chronic basic cavities in suitable cases, the authors deprecate interference with apex cavities on the ground of its being rarely necessary or useful, and are averse, save in exceptional instances, to making incisions into acute basic abscesses of the lung. In the present case, however, the operation had undoubtedly been postponed too long, the patient having come under observation too late.

The diagnosis of the case from empyema was touched upon, and the several steps of the operation discussed, the use of a large trocar in preference to the knife being advocated. In future cases, too, the authors would prefer to choose the centre of the cavity rather than its lowest point for puncture when it is situated in the posterior lobe of the lung.

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PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

October 26th, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—34 Fellows and 1 visitor.

Books were presented by Dr. John Abercrombie, Mr. R. Barwell, Mr. P. H. Bird, Mr. John Birkett, Mr. J. Byrne, Dr. W. S. Campbell, Dr. Wm. Cayley, Sir J. Rose Cormack, Mr. Curling, Dr. Langdon Down, Dr. Matthews Duncan, Dr. Eklund, Mr. Erichsen, Dr. R. W Falconer, Dr. Samuel Fenwick, Mr. Cooper Forster, Dr. I. M. Hays, Dr. John Harley, Dr. Kelly, Dr. Legg, Dr. Morell Mackenzie, Dr. A. Petit, Dr. W. Rutherford, Dr. E. C. Séguin, Dr. F. Semon, Dr. W. E. Steavenson, Mr. Johnson Smith, Dr. C. Spinzig, Sir Henry Thompson, Dr. Wasseige, and Dr. H. A. Wilson; the Editor of the Medical Times, the Registrar General, the India Office, University College, the Pharmaceutical Society, the Zoological Society, St. Bartholomew's Hospital, St. George's

Hospital, St. Thomas's Hospital, the Academy of Montpellier, the Munich Academy of Sciences, the American Medical Association, the American Gynæcological Society, the Smithsonian Institution, the Surgeon General's Office, Washington, the Board of Health, Massachusetts, and the Philosophical Society of Adelaide.

Portraits of Prof. Agassiz, Prof. Johannes Müller, and Dr. John Thomson were presented by Mr. John Marshall.

The following gentlemen were proposed for election as Fellows of the Society:—Thomas Colcott Fox, M.B., Charles Cyril Hicks, M.D., William Oscar Jennings, M.D., George Lockwood Laycock, M.B., Alexander William Macfarlane, M.D., Bernard O'Connor, M.D., George Ogilvie, M.B., and Leslie Ogilvie, M.B.

The President laid a copy of the new volume (vol. lxiii) of the 'Transactions' before the meeting, and announced that it would shortly be in the hands of the Fellows.

The following communications were read:

I. On a Case of Aneurism of the External Carotid in which, after failure of the Ligature of the Common Carotid, the old operation was performed successfully. By Henry Morris, M.A., M.B., Surgeon to, and Lecturer on Anatomy at, the Middlesex Hospital. (Received May, 1880.)

(*Abstract.*)

Elizabeth P—, æt. 45, first came under my care on May 20th, 1879, with an aneurism about the size of a walnut at the level of the hyoid bone, and just above the bifurcation of the right common carotid. It had been noticed eight months and was growing. It was not the result of any injury. She complained bitterly of the pain it caused all over the right side of the head and neck, and of a distressing feeling of dryness about the throat and fauces. She could swallow nothing solid without great suffering; her voice was hoarse and she spoke in rough whispering tones. Her sight and taste were unaffected. Digital and instrumental compression could not be borne. Diet and medicinal treatment were resorted to but her symptoms becoming rapidly worse, on July 16th a catgut ligature was placed around the common carotid artery on a level with the omohyoid muscle where it crosses the cervical sheath.

Four hours and a half afterwards faint pulsation returned in the aneurism, and continued more or less marked till August 12th, when the outline of the aneurism was quite lost, though some pulsation could still be felt along the line of the artery in the situation of, and for a little distance below, the seat of the aneurism. A sinus remained leading down to the point of the ligature, lined and surmounted with exuberant granulations from which blood occasionally was discharged. At the end of September fresh swelling took place at the angle of the jaw, but there was no pulsation in it. With this exception all the old symptoms returned. On October 30th there was evidence of suppuration, so an incision was made, and a small quantity of pus was evacuated from the surrounding tissues. Relief was again obtained, but only partially and temporarily. Though the sinus over the ligature now closed, a similar one from which blood occasionally escaped in small quantity remained in the centre of the late incision. At the end of November pulsation again was felt, and the swelling, which had much subsided after the escape of the pus, again increased. In fact the aneurism had now evidently ruptured, was inflamed and growing largely, and threatened to set up ulceration of the tense and distended skin. It was therefore treated in the following manner:—The facial and superior thyroid arteries were first ligatured, and then the sac was laid open and all clots turned out. It was now seen that all the bleeding was issuing from the distal end of the sac, and could be checked by passing a tenaculum underneath it and raising it. The incision was prolonged upwards sufficiently far to enable a silk ligature to be passed around the vessel beyond the sac, and in doing so a small artery and vein were cut, from which bleeding, easily controllable, occurred for the moment—this artery was probably the occipital. It was specially noticed that no blood had been passing into the sac from the internal carotid, and yet that no clot was prolonged into it from the common carotid. The wound did well, the ligature separated on the 17th day; convalescence was retarded by an attack of quinsy which, in the right tonsil, ran on to suppuration; but the patient had quite recovered by 12th February 1880, and still remains well.

Remarks.—The return of the pulsation in the aneurism a few hours after the application of the ligature, the slow consolidation of the aneurism, the pulsation in the vessel on the proximal side of the sac, though not immediately above the ligature, the subsequent growth of the aneurism in spite of the complete obliteration of the common carotid, the violence of the hæmorrhage from the distal orifice of the sac at the time of the last operation, together with the absence of any bleeding from the internal carotid, prove how important a part the free anastomoses between the branches of the external carotids of the two sides of the neck, and between the branches of the external carotid and subclavian of the affected side, play in aneurisms near the bifurcation of the common carotid. Moreover, it is suggested, and well known cases and dissections are quoted to support the suggestion, that after the ligation of the common carotid, no blood usually continues to reach the lower end of the internal carotid in the neck, and that therefore the anastomosing circulation within the skull is not the cause of the return of pulsation in these aneurisms, and therefore not a cause of the failure of the ligature.

The practical conclusion arrived at is, that if the Hunterian ligature be employed in these cases it were best to supplement it by the simultaneous ligation of such branches of the external carotid as are easily accessible, viz. the temporal, facial, and superior thyroid.

II. A Case of Abscess in the Neck which in its course destroyed a large portion of the Carotid Artery, Jugular Vein, and Pneumogastric Nerve. By William Scovell Savory, F.R.S., Surgeon to, and Lecturer on Surgery at, St. Bartholomew's Hospital. (Received September 30th, 1880.)

(*Abstract.*)

In this paper, after a short account of two instances, in one of which the internal jugular vein and in the other the femoral artery and vein were laid open by an abscess, a case is related of a man who was brought to the hospital in a state of extreme prostration, the result of hæmorrhage from a large orifice of an abscess at the left side of the neck, which had given way three days previously. He never fairly rallied, and died on the fourth day from his admission.

On dissection the cavity of a large abscess was exposed, in the upper and lower parts of which portions of the carotid artery, jugular vein, and pneumogastric nerve were found. But a considerable piece of each was wanting. The opposite ends of the divided artery were from one and a half to two inches apart; the distance between the ends of the vein was rather more than this; the ends of the nerve were from one to one and a half inches apart.

November 9th, 1880.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—44 Fellows and 3 visitors.

Books were presented by Mr. Richard Davy, Dr. Matthews Duncan, Mr. John Murray, Dr. John Parkin, Dr. S.

Robinsky, the India Office, the Pharmaceutical Society, St. Bartholomew's Hospital, St. Thomas's Hospital, and the Society of Medical Officers of Health.

The following gentlemen were proposed for election as Fellows of the Society :—Henry Appleton, M.D., A. Boyce Barrow, F.R.C.S., Charles Edward Beevor, M.B., Alex. Hughes Bennett, M.D., Charles D. H. Drury, M.D., M. M. McHardy, F.R.C.S., G. W. Henry Makins, F.R.C.S., and William Murrell, M.D.

The following communications were read:

I. Amœboid Movements of the Colourless Blood-Corpuscles in Leuchæmia. By John Cavafy, M.D., F.R.C.P., Assistant-Physician to St. George's Hospital. (Received June 9th, 1880.)

(*Abstract.*)

The observations described in this paper were made on the blood of a patient suffering from leuchæmia, who was in St. George's Hospital, under Dr. Whipham, from April 30th to July 18th, 1879. The patient, a man aged twenty-six, stated that he had been well, with the exception of occasional sick headaches, until a month before admission, when he began to feel extremely weak and languid. He got a cough a little later, and a week before he came in had hæmorrhages in the conjunctivæ and skin after severe retching. On admission he was found to be very pale, mucous râles were heard over the lungs, and a soft systolic murmur at the base of the heart. There were enlarged lymphatic glands in the axillæ, over the right clavicle, and in the right groin. The blood contained a large excess of colourless corpuscles, the proportion to the coloured being as one to six.

During his stay in the hospital he became gradually worse, with occasional temporary improvement. He had epistaxis, and fresh hæmorrhages in the conjunctivæ and skin on several occasions. The spleen was not at first enlarged, but became so later, as also did the liver. The glands subsided a little at first, but again soon enlarged and fresh ones appeared, especially in the neck and near the angles of the lower jaw. The pulse was always quick and the temperature nearly always above normal. After leaving the hospital he improved slightly at first, but soon became worse again; the glands became of enormous size; there were numerous cutaneous hæmorrhages, and he became gradually weaker, dying early in October, 1879. There was no post-mortem examination.

The blood was examined to determine whether the amœboid movements, which characterise healthy colourless corpuscles, were preserved. Twelve observations were made in all, at various intervals, from May 16th to July 14th, the hot stage being used. The total number of colourless corpuscles in the field of the microscope was first counted, and the number of amœboid corpuscles noted about every ten minutes, usually for half an hour on each occasion. The mean of these was then taken and the percentage calculated, the results being tabulated in the paper.

In determining whether amœboid movements occurred, a very slight departure from the spheroidal shape was considered sufficient; but other observers might have been disposed to refer some of these very slight changes of form to pressure of the cover-glass, which would reduce the proportion recorded in the table. It was found that the character of the movements was much changed when they occurred at all, as they were very sluggish and ill-marked, although the observations were made at fever temperatures, which stimulate normal corpuscles to great activity. It only now and then happened that one or two corpuscles showed comparatively active motions.

The blood contained the three kinds of colourless corpuscles, which have been found in health—lymphoid cells, ordinary colourless corpuscles, and rarely one or two large granular cells. Amœboid specimens of each were found, but the first and the last kind showed mere traces of movement. It was found that coagulation took place much more rapidly in the later than in the earlier specimens. The table shows that only a very small proportion of the corpuscles was amœboid, the highest found being 24 per cent. and the lowest 4 per cent. The proportion also decreased with the advance of the disease; the mean of the first six observations being about 12 per cent., while that of the last six only gives 6 per cent.

As the first observations were made in a comparatively late stage of the disease (after the occurrence of hæmorrhages), further investigation must decide whether loss of amœboid movement takes place at the earliest onset; it is very probable, however, that this will be found to be the case. For purposes of comparison the blood was examined in two cases of chloro-anæmia, and one of anæmia with leucocytosis from cancer of the stomach; in all three amœboid movements were active at ordinary temperatures.

The earliest observations on the point brought forward in this paper were made by Dr. Laking, in 1873, but remained unpublished. The results were communicated by Dr. Pye-Smith to the Pathological Society in 1878, and in the same year to the 'Lancet,' by the author of this paper. Neumann, also in 1878, found amœboid movements wanting or very sluggish in a case of leuchæmia, although they were active in the corpuscles of fluid from blisters in the same individual.

The following conclusions may be drawn:

1. The colourless corpuscles in leuchæmia are dead or dying, and hence incapable of development.

2. Amœboid movement being practically lost, emigration from the blood-vessels is impossible.

3. Coagulation and thrombosis are largely favoured. Secondary leuchæmic nodules and infiltrations must be produced not by emigration, but by extravasation, and probably also by lymphatic accumulation, as large numbers of cells must be prevented from entering the blood by lymphatic thrombi. Whether lymphatic new growth also takes place must be decided by careful examination as to the presence of a true adenoid reticulum, and must be rejected if we find only a network of fibrin.

In conclusion, it is pointed out that the absence of amœboid movement may prove of great value in diagnosis, as serving to distinguish cases of true leuchæmia from leucocytosis; a matter in which there are often grounds for hesitation.

II. Observations on the Nature and Treatment of Genu-valgum. By Bernard E. Brodhurst, F.R.C.S., Surgeon to the Royal Orthopædic Hospital. (Received October 21st, 1880.)

(*Abstract.*)

Genu valgum is regarded rather as a constitutional than as a local defect. It is accompanied by a relaxed condition of the ligamentous system, and it is preceded by flat-foot. Thus, the tibia is inclined outwards, and the weight of the body is thrown unduly to the inner side of the limb. The internal lateral ligament of the knee-joint consequently yields, and the inner condyle protrudes. The condyles of the femur are thus placed in an oblique position from without inwards, and from above downwards.

There is usually a difference in the length of the condyles, the inner being about $\frac{3}{10}$ths of an inch longer than the outer. Sometimes, however, it is $\frac{5}{10}$ths of an inch, and again not more than $\frac{1}{10}$th of an inch. This is observed both in the rickety and in the healthy femur. Examples are to be seen, also, where the difference in length between the inner and the outer condyle is almost inappreciable, and again, other rare specimens exist where the inner condyle is fully one inch longer than the outer, and is misshapen.

Knock-knee in its early stage disappears in the horizontal position, and can only be distinguished when the patient is erect. When, at length, it has become permanent, firm support is sufficient to remove it. But as the deformity increases and the femoral condyles become more oblique, the biceps femoris is

rendered tense, the ilio-tibial band becomes tightly drawn and the external lateral ligament is rigid.

The question to be solved is how is the limb to be restored, so that a right line passing, as in the normal condition, through the long axis of the femur and of the tibia, may strike on the top of the arch of the foot?

In the first place it is necessary to remove the flat-foot, or, in other words, to restore the arch of the foot.

Various modes have been adopted to restore the straight line of the limb; such as forcible straightening, osteotomy, and tenotomy.

1. Forcible straightening has been employed both in young children and in adults. It is effected with considerable injury both to the bony structures and to the soft parts; but according to M. Delore, permanent injury is not produced, and his patients are again able to walk in the course of six months.

2. Osteotomy has lately been performed by some surgeons in every case, slight and severe, of genu valgum; even when the deformity was yet very slight, and the child only between three and four years of age. One operator claims to have performed osteotomy for genu valgum on nearly four hundred limbs. And it is not that one section alone is made, but perhaps three or even four are executed on the limb at a sitting. Notwithstanding these osteotomies, on the condyle, and on the shafts of the femur and the tibia, the deformity often remains almost as great as before the operation. And when the limb appears to have been straightened the deformity recurs, and the malleoli are seen several inches apart. Further, genu varum may be substituted for genu valgum. Also partial ankylosis is not infrequently induced, and the motion at the joint is much impeded. The growth of the limb, also, is interfered with, and a serious lameness is begotten where there was previously no lameness. Fatal blood-poisoning, also, has resulted more than once from these operations.

3. It is shown by a cast of a valgous knee, which was taken when the patient was nearly eighteen years of age, that a very serious deformity existed: the inner malleolus being ten and a half inches removed from the median line. In this case the

biceps tendon, the ilio-tibial band, and the external lateral ligament were divided, and the knee and the foot were brought, in the course of seven weeks, into their normal positions.

When splints are insufficient to redress the limb, division of the tendon of the biceps femoris usually enables the limb to be straightened, until adult life is attained. But when, in addition to the biceps, the external lateral ligament and the ilio-tibial band are divided, the knee may be straightened either immediately or gradually. In the adult gradual straightening is to be preferred.

Any abnormal motion after division of the ligament is due to the lax condition of the internal lateral ligament; but this gradually lessens and at length ceases.

Unless the arch of the foot be raised and the retraction of the biceps be overcome, the inclination outwards of the tibia and the fibula must remain notwithstanding osteotomy.

In conclusion, it is stated that forcible straightening of the limb (*redressement brusque*) is unjustifiable; that osteotomy is wrong in principle and unnecessary; and that in childhood especially it is objectionable; but that division of tendons and fasciæ may be done without danger, and that through tenotomy we are able to reduce this deformity and to restore the thigh and the leg bones and the bones of the arch of the foot to their normal positions.

November 23rd, 1880.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—29 Fellows and 2 visitors.

Books were presented by Dr. T. G. Balfour, Dr. Henry Green, Mr. T. Longmore, Sir James Paget, Mr. Alder Smith, Dr. Henry Thompson, Dr. Vovard, and the Literary and Philosophical Society of Manchester.

The following communication was read:

On Artificial Respiration in Stillborn Children: the amount of Ventilation secured by different Methods; an experimental inquiry. By FRANCIS HENRY CHAMPNEYS, M.A., M.B., M.R.C.P., Assistant-Lecturer on Midwifery, &c., and Assistant-Obstetric Physician to St. George's Hospital.

(Received October 4th, 1880.)

(*Abstract.*)

The number of bodies experimented on was twenty-six, of which twenty were utilised for this part of the subject; only such as had never breathed being used. Tracheotomy having been performed, a canula was tied into the trachea, the canula being connected by an india-rubber tube with a V-tube filled with water, which thus registered inspiration and expiration by the rise and fall of the water, the results in the same body only being compared, and the highest effect being the standard of comparison. The methods used were nine, viz. that of Marshall Hall, Howard, Silvester, Pacini, Bain, Schücking, Schüller, Schroeder, Schultze. The conclusions were the following:—1. Since the position of equilibrium of a stillborn child's chest is one of absolute expiration, airlessness, or collapse, no method which depends on elastic recoil of the chest-walls will introduce air into its lungs. The methods of Marshall Hall and Howard are useless as means of directly ventilating the lungs of stillborn children. 2. Silvester's method and its modifications by Pacini and Bain introduce more air into the lungs than any other method. 3. In using Silvester's method the arms should be held above the elbows and everted. 4. In using Pacini's or Bain's method the legs should be fixed; the second half of Pacini's method and Bain's second method should not be employed, as the weight of a new-born child's body is insufficient counterpoise to the necessary traction. 5. In using these two latter methods the operator may face the subject

and lift the shoulders from below; by this means he is able to watch the child's countenance, and is able to introduce an equal quantity of air. 6. Schücking's method is no improvement on Silvester's. 7. Schüller's method is useless and not free from risk. 8. Schroeder's method is useless. 9. Schultze's plan, although its power of ventilation is less than that of Silvester and its modifications, yet acts efficiently. 10. In Schultze's method the diaphragm does descend, though but slightly; its principle action, however, is on the thoracic walls, as in the Silvester group. 11. In Schultze's method it is important that the whole weight should rest (at the end of the inspiratory movement) on the index fingers in the axillæ, and should not be distributed to the other fingers. 12. The violence of the action of the method of Schultze is not in its favour. 13. Opisthotonos always produces expiration by tension of the anterior body walls, and should be avoided.

Bain's experiments, six in number, dealt with children truly stillborn in two cases only (one other having failed). His general conclusions speak highly of Marshall Hall's and Howard's methods, which, however, in the two above cases were nearly or quite failures. His error is in not appreciating the collapsed state of the thorax in truly stillborn children.

December 14*th*, 1880.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—56 Fellows and 11 visitors.

Books were presented by Mr. Reginald Harrison, Dr. Thomas Radford, Dr. F. Semon, Dr. H. R. Silvester, Dr. C. T. Stambolsky, the Clinical Society, the India Office, and the Société Médicale des Hôpitaux de Paris.

The following gentlemen were elected Fellows of the

Society:—Henry Appleton, M.D., Albert Boyce Barrow, M.B., F.R.C.S., Charles Edward Beevor, M.B., Alex. Hughes Bennett, M.D., Charles Dennis Hill Drury, M.D., Thomas Colcott Fox, B.A., M.B., Charles Cyril Hicks, M.D., William Oscar Jennings, M.D., George Lockwood Laycock, M.B., Alex. William Macfarlane, M.D., Malcolm Macdonald McHardy, F.R.C.S. Ed., George Henry Makins, F.R.C.S., William Murrell, M.D., Bernard O'Connor, M.D., George Ogilvie, M.B., Leslie Ogilvie, M.B.

The following gentlemen were proposed for election:—James Anderson, M.D., R. Clement Lucas, F.R.C.S., Stephen Mackenzie, M.D., and Samuel Woodman, F.R.C.S.

The following communications were read:

I. On Hyperpyrexia after Listerian Ovariotomy. By George Granville Bantock, M.D., F.R.C.S., Surgeon to the Samaritan Free Hospital for Women and Children. (Communicated by Jonathan Hutchinson, F.R.C.S.) (Received September 25th, 1880.)

(*Abstract.*)

Mr. Lawson Tait has already questioned, before the Society, the advantages attributed to Listerian precautions in the operation of ovariotomy. The absence of pyrexia has been claimed as one of the best results of following such precautions. In this paper the fact that pyrexia is absent in cases treated antiseptically, is disputed on clinical evidence.

In the author's own experience the Listerian method in a series of thirty-six cases shows in its favour a difference of but 0·4° compared with the same number of cases undertaken without complete antiseptic precautions; the very lowest temperature occurred after a non-Listerian ovariotomy.

Volkmann admits a condition of poisoning from absorption of carbolic acid, and terms this accident "aseptic fever." Thiersch has encountered instances of great irritation from this agent, and now employs salicylic acid in its stead. Keith finds very little difference in the temperature of series of cases undertaken under the old and the new method. In three Listerian cases the temperatures were the highest he had ever seen. Before adopting antiseptics, he never found the ice-cap necessary for the reduction of pyrexia, excepting in one acute case of septicæmia.

On the other hand, Mr. MacCormac asserts that the rise of temperature in Listerian cases is slight or absent, and when present is due to other causes; Mr. Spencer Wells has found that, contrary to Mr. Tait's experience, pyrexia is subdued by antiseptics. Mr. Thornton has observed no fever at all, as a rule, after antiseptic ovariotomy. When, however, an operator is predisposed to support Listerism, he may readily attribute to other influences ill results of which it alone can be the cause.

It is easy to explain how pyrexia follows "antiseptic operations." Carbolic acid is an irritant, its great advocate introduced the "protective" to counteract its irritating qualities. It is also a poison. It has caused death when inhaled, and has produced very serious symptoms when absorbed; this is illustrated in cases related by Lister, Lightfoot, Hanhorst, and the author, who describes at length two instances of poisoning from prolonged action of carbolic spray in complicated ovariotomies. In both, the kidneys were affected by this medium. Agostini relates a case of poisoning from carbolic acid solution injected frequently into an abscess cavity. Thomas Smith and others have noted the bad effects of this acid in operations upon children. The author observed albuminuria and temporary suppression of excretion of sulphates in the urine of a young girl after antiseptic ovariotomy. Sonnenburg, Lightfoot, and others have also found that sulphates disappear from urine in similar cases, whereas in the author's patient, that excretion did not become dark. Hence carbolic poisoning is not always indicated and exposed by discoloration of the urine, as is generally believed.

Keith admits that evil effects may result from prolonged action of spray. The hyperpyrexia which follows is due not solely to reaction, but also to carbolic intoxication.

The whole merit of Listerism lies not in the supposed good effects of carbolic acid, but in the cleanliness which it promotes. By greatly reducing the strength of the solutions used in operations, the author has gained excellent results with absence of pyrexia.

II. Case of Hydatids of the Liver treated by Abdominal Section and Drainage. By Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women.

(Received October 24th, 1880.)

(*Abstract.*)

Mr. Lawson Tait gives the details of a case of hydatids of the liver in which he had performed abdominal section successfully.

The patient was a lady, aged 37, under the care of Dr. Pike of Malvern, with whom Mr. Tait saw her in consultation in August last.

The diagnosis of hydatids had been made by Dr. Pike and confirmed by Sir W. Jenner who saw the patient a few days before Mr. Tait did.

The tumour was of immense size, the hepatic dulness reaching from the third rib to the level of the umbilicus and crossing the middle line. No air seemed to enter the right lung, and the patient's breathing was greatly interfered with. There was incessant vomiting and great exhaustion. The disease seemed to date from 1872, but the history, up till February, 1880, was not clear.

Mr. Tait opened the abdomen above and a little to the left of the umbilicus and found the liver tissue quite healthy in appearance and not adherent to the abdominal wall at any spot. He made an incision into the liver about three inches long, and evacuated about two gallons of hydatid cysts, varying in size from a pea to an orange. The liver tissue at that spot was about half an inch thick. He then stitched the edge of the wound in the liver to the edge of the wound in the abdominal wall and fastened in a wide glass drainage-tube eight inches long. The relief to the patient was immediate and complete. The cavity rapidly contracted, continuing to discharge cysts and pus tinged with bile for about eight weeks. She rapidly gained appetite and flesh, having now, ten weeks after the operation, only a small sinus remaining.

January 11*th*, 1881.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—48 Fellows and 5 visitors.

Books were presented by Dr. Geo. G. Bantock, Dr. E. Mackey, Dr. John C. Peters (of New York), Mr. Wm. Sedgwick, Dr. Hermann Weber, Dr. John Williams (of Melbourne), the Royal Society, the Pathological Society, the Incorporated Law Society, the New York Pathological Society, the Director General of the Medical Department of the Navy, the India Office, and the Royal Bavarian Academy of Sciences at Munich.

The following gentlemen were admitted Fellows of the Society:—Albert Boyce Barrow, M.B., Charles Edward Beevor, M.B., C. D. Hill Drury, M.D., Charles Cyril Hicks, M.D., and Bernard O'Connor, M.D.

The following gentlemen were proposed for election:—Cecil Yates Biss, M.B., F. de Havilland Hall, M.D., William Knight Treves, F.R.C.S., William Joseph Tyson, M.B., Robert Wharry, M.D., and William Hale White, M.D.

The following communications were read:

I. One Hundred and Seventy-two Antiseptic Abdominal Sections, with remarks on the causes of death in the fatal cases. By J. Knowsley Thornton, M.B., C.M., Surgeon to the Samaritan Free Hospital. (Received October 30th, 1880.)

(*Abstract.*)

After some remarks as to the details given in the printed tables which accompanied the paper, the author pointed out certain further information which it is desirable should accompany statistical tables of operation cases.

1st. An account of all cases of abdominal tumour seen during the time covered by the tables but not operated upon, with the reasons why no operation was performed.

2nd. The highest temperature and pulse, with the day after operation upon which they were respectively recorded.

Such additional information is necessary in order to show the success of the individual surgeon in dealing with ovarian or other similar disease, and the general progress in this branch of surgery; and also to show the well or ill doing of the cases which recover after operation.

The fact that all the cases had been treated on Lister's method, and nearly all by the complete intra-peritoneal ligature, was dwelt upon. Common methods of treatment in a large series of cases being especially useful in extending knowledge, by affording material for comparison with other methods. The importance of accurately following the teachings and practice of Lister, to the exclusion of so called "modified Listerism," was insisted on. In the author's hands, the *pure Listerism* had reduced the mortality in the most common operation in the tables, ovariotomy, from 23·94 per cent. to only 4·0 per cent. A result altogether beyond the mere improvement to be expected from increased experience in performing the operation. The question of drainage by means of Keith's improved form of Kœberle's glass tube was then discussed. The small mortality in the last seventy-five ovariotomies (4·0 per cent.) being claimed as a proof that drainage is unnecessary, if Lister's method be perfectly carried out in abdominal section; comparative statistics being given to prove the same conclusion. The question of selection of cases was alluded to in relation to two of the three deaths in the last series of seventy-five cases; both were apparently hopeless, but were given the last chance; and both, though open to question as to completion, were included among the complete operations. The question as to what cases should be called complete or incomplete was then discussed. A comparison of the mortality in simple and difficult cases (it is *nil* in the author's hands in the former), in the cases tapped and not tapped, and in those which had only one or both ovaries removed, was also given.

The causes of death in the fatal cases were then given in some detail, and the bearing of the antiseptic method on the mortality was illustrated by a division of these cases into *three* groups. The danger arising from the transfixion or opening of a diseased Fallopian tube was pointed out as a possible cause of septicæmia, a question also important in dealing with uterine fibroids.

The incomplete ovariotomies and other operations in the tables were discussed: and passing to the treatment of uterine tumours by abdominal section, the author pointed out the difficulties in the application of Lister's method to those cases in which the uterine cavity is opened; and showed, from his own statistics, that whereas in cases in which the cavity was not opened the mortality was only one in eight (and that one a very exceptional case in many respects), in cases in which the cavity was opened three out of four died.

The general conclusions drawn from the whole 172 cases were as follows:

1. Simple cases recover under Lister's method with a certainty previously unknown.

2. There is less fever, and convalescence is more rapid than under the old method.

3. The success obtained in the more complicated cases is in

proportion to the exactness with which the antiseptic method can be applied to the individual cases.

4. The accidents and complications occasionally following operation, such as hæmorrhage, for example, are more easily overcome in aseptic cases.

5. There are difficulties and even dangers in the application of the method, and the more experience the individual surgeon has in it, the more readily he foresees and avoids these, and the more complete becomes his success in applying it.

In a few concluding words the author pointed out how much peritoneal surgery owed to Mr. Lister, and how much more to Mr. Wells: without the untiring energy and success of the latter, it would never have been in the position to benefit by the method of the former.

II. On the Radical Cure of Varicocele. By Henry Lee, F.R.C.S., Consulting Surgeon to St. George's Hospital. (Received November 2nd, 1880.)

(*Abstract.*)

The operation advocated in this paper, is that of removing a portion of the anterior skin of the scrotum, and subsequently dividing the veins which are to be obliterated. All the steps of the operation are conducted through the wound made by the removal of the skin, and the veins are compressed temporarily, so as to prevent hæmorrhage, and then divided. The cut orifices of the veins are sealed with the black hot cautery, which, if of proper temperature, is allowed to adhere to them for five or six seconds. The ligatures and needles used in compression are then removed, and the edges of the skin brought into apposition from below upwards by carbolised suture.

Union by first intention takes place more or less perfectly, and the patient is allowed to follow his usual avocations in three or four days.

At the close of the meeting Dr. **Heywood Smith** exhibited a new apparatus for Actual Cautery just brought over from Matthieu, of Paris, the invention of a M. de Coster, a great improvement in some respects on that of Paquelin. There was no bottle to carry about, which not only required the aid of a second person, but was liable to be upset and to give rise to an inconvenient flare. The temperature could easily be regulated by a screw attached to the instrument. There was also no need for a spirit lamp. The whole apparatus itself was more portable and also less costly.

January 25th, 1881.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—19 Fellows and 1 visitor.

Books were presented by Dr. Charles Denison, Dr. A. L. Galabin, Mr. Berkeley Hill, Mr. Henry Power, and the India Office.

The following gentlemen were admitted Fellows of the Society:—Alex. Hughes Bennett, M.D., George Lockwood Laycock, M.B., Malcolm Macdonald McHardy, F.R.C.S. Ed., William Murrell, M.D., George Ogilvie, M.B., and Leslie Ogilvie, M.B.

In accordance with the Bye-laws, Chap. IX, section 5, the President nominated the following Fellows as a Committee of Audit to examine the Treasurer's accounts for the year 1880:

For the Council.	*For the Society.*
Mr. John Birkett, *V.P.*	Dr. Lionel Beale.
Dr. Charles Hilton Fagge.	Dr. Tuke.
Dr. John Harley,	Mr. B. J. Vernon.
Mr. F. J. Gant.	Mr. F. Howard Marsh.
Dr. Reginald E. Thompson, *Sec.*	Mr. Henry Wotton.

The following communication was read:

Further Observations on the Value of Stethometry in the Prognosis of Chest Disease. By ARTHUR RANSOME, M.D. (Communicated by Dr. W. H. BROADBENT.) (Received January 14th, 1881.)

(*Abstract.*)

The bearing of stethometry upon the prognosis of chronic bronchitis, asthma, emphysema, and pleurisy, having been pointed out, this paper then deals more closely with the records of chest measurements of 102 persons affected with various forms of phthisis. Fifty of these cases were either chronic, or persons in whom the disease had become quiescent (25 males and 25 females); forty of these were acute (20 males and 20 females), and twelve of them were exceptional cases, in whom the chest measurements could not be relied upon from their youth, and who had succumbed from accidental causes, such as hæmorrhage, &c.

The points selected for the application of the stethometer were the middle points of the clavicles and the anterior ends of the third ribs, the movements measured being chiefly those in the (horizontally) forward and the (vertically) upward directions.

In all cases the measurements were obtained in an interval of comparative quiescence of the disease, and cases complicated with extensive pleuritic adhesions were excluded from the tables.

From these records it appears that:

1. The respiratory movements are much smaller in acute than in chronic cases.

In six of the acute cases no movement was perceptible in one or another of the dimensions of motion at one of the points examined.

No such immobility was found in any of the chronic cases.

The average forward push of the clavicle in acute cases, on the worst side, was 0·15 in., in chronic cases 0·29 in. This movement over the third ribs was, on the average, 0·25 in. in acute cases, and 0·54 in. in chronic cases.

A similar contrast was remarked in the extent of the *upward* movements.

The average upward movements of the clavicles in the male acute cases was 0·25 in. on the worse and 0·39 on the better side. In females 0·26 and 0·38 in. respectively.

In the chronic male cases the corresponding dimensions were 0·50 in. on both sides; in females, 0·56 in. on the worse and 0·66 in. on the better side.

The third ribs move upwards in acute male cases, 0·36 in. on the worse and 0·45 in. on the better side. In females the numbers are 0·38 in. on the worse and 0·51 in. on the better side.

In chronic cases these dimensions are, for males 0·72 in. and 0·74 in., for females 0·78 in. and 0·85 in.

2. There are certain peculiarities of chest movement in chronic and acute cases, arising out of the power of independent rib movements. This is shown (*a*) in the extreme restriction of motion of parts placed over an advancing softening of the lung and its comparative freedom over a quiescent vomica.

The third stage of phthisis had been reached in thirty-three cases—twenty-one of the acute, twelve of the chronic series. The average forward push of the clavicle in the chronic cases was more than double that in the acute series; and in half the former group there was actually a larger extent of motion over the site of a vomica than on the less affected side of the chest.

The circumstance was not observed in any of the acute series.

The third ribs show nearly three times the amount of forward movement in chronic than in acute cases, and in the former group the motion of this bone over the excavated lung exceeds that of the opposite side.

(*b*) Efforts at compensation are made by both clavicles and third ribs in either an upward or a forward movement.

When these efforts take place in the upward direction they must be regarded either as an unfavorable sign, or else as only a measure of the muscular power that the patient can bring to bear on the obstruction to healthy breathing.

There were sixteen such cases of exaggerated upward movements amongst the chronic series, and six in the acute series.

In the forward direction the effort at compensation has a distinctly favorable significance. It occurs fifteen times amongst the chronic cases, and only twice doubtfully amongst the acute group.

3. Much assistance may also be derived from repeated measurements of the same case, and instances are given of the kind of information thus obtainable.

From the data afforded in this paper it was concluded:

1. That a small amount of movement of the chest, especially in the forward direction, is of evil augury, and that when, in adults under forty, the forward push of the third rib is less than 0·35 in., there is reason to foretell a rapid course of the disease.

2. That we may usually give a favorable prognosis when, in an adult, there exists an inactive vomica, with a considerable extent of movement in the bones overlying it; and the sign is still more favorable when the forward motion of this bone is greater than that of the corresponding point on the opposite side.

3. That an excessive or compensatory effort at *upward* movement tells us little as to the gravity of the disease, but a free compensatory *forward* movement is a favorable sign.

4. That stethometry must be regarded as only one of the elements of prognosis.

February 8th, 1881.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—37 Fellows and 2 visitors.

Books were presented by Dr. Aveling and Mr. R. Barwell, and by the Pharmaceutical Society, and some drawings of Acarus folliculorum, by the late Dr. Isaac Sparks, were presented by his widow.

The following gentlemen were elected Fellows of the Society :—James Anderson, M.D., Cecil Yates Biss, M.B., F. de Havilland Hall, M.D., R. Clement Lucas, B.S., F.R.C.S., Stephen Mackenzie, M.D., William Knight Treves, F.R.C.S., William Joseph Tyson, M.B., Robert Wharry, M.D., William Hale White, M.D., and Samuel Woodman, F.R.C.S.

Thomas Frederick Chavasse, M.D., C.M. (Birmingham), was proposed for election.

The following communications were read:

I. A Case illustrating the Condition of Large Arteries after Ligature under Antiseptic and Non-Antiseptic Measures. By FREDERICK TREVES, F.R.C.S., Assistant-Surgeon to the London Hospital. (Received November 2nd, 1880.)

(*Abstract.*)

The specimens upon which the paper is founded consist—together with other parts—of the right carotid and subclavian arteries from a man, aged forty-seven, in whom those vessels had been ligatured for innominate aneurism.

The patient gave a history of previous good health, and no definite date for the commencement of the local symptoms. A small aneurism of the innominate artery was diagnosed, and ligature of its two branches resolved upon. On June 30th, 1880, the right carotid was ligatured above the omohyöid by Mr. James Adams, under whose care the patient was. The operation was performed under antiseptic precautions without hindrance or difficulty of any kind; a stout catgut ligature was used, and tied in a double and then a single hitch. The wound healed rapidly by first intention, without the formation of a drop of pus, and in twelve days the antiseptic dressings were discontinued. After the operation the aneurism, although it did not diminish, ceased to increase. On July 21st, 1880, Mr. Treves ligatured the third part of the subclavian; the operation was also performed antiseptically, and the vessel was readily found; a stout catgut ligature was used and was tied in two single hitches. During the night after the operation the patient loosened the antiseptic dressings and exposed the wound. On the evening of the next day he had a chill, his temperature rose to 101·6°, and the edges of the wound were red and swollen. The wound began to suppurate very freely, the stitches had to be removed to allow of the free discharge of pus, and in thirty-six days the incision was almost healed, having closed up from the bottom. The carotid incision may fairly be regarded as a type of healing under antiseptic measures, and the subclavian incision as an open suppurating wound. After the subclavian was tied the aneurism improved greatly, all the previous symptoms of discomfort gradually disappeared, and the man was discharged thirty-six days after the operation with the tumour apparently cured, or at least greatly benefited. He returned, however, on October 14th, 1880, complaining of severe pain in the back, of cough, and of general feebleness, and was readmitted. After a slight attack of hæmoptysis the patient died suddenly, two days after admission. At the time of death, therefore, 108 days had elapsed since the carotid was ligatured, and eighty-seven since the subclavian operation.

Death was found to be due to the rupture of an aneurism of the thoracic aorta, that had produced great destruction of some of the dorsal vertebræ. The great vessels were examined *in sitû.*

A small aneurism, about the size of a Spanish chestnut, was found connected with the innominate artery at its commencement; its sac was almost filled with laminated fibrin, leaving only a cavity about the size of a horse-bean in the centre of the tumour, and that communicated with the vessel. The brachio-cephalic vessel was quite patent, as were also the first portions at least of its two branches. In the region of the carotid operation the restoration of the parts to their normal condition was remarkable; the skin scar was slight, and had formed no adhesions to the parts beneath; no trace of wound could be detected in the carotid sheath; no adhesions had formed between the artery and the vein, and every trace of the ligature had disappeared. No constriction could be seen in the vessel, and its external outline was unaltered, and the seat of ligature indicated only by a faint, transverse, bluish mark on the vessel, due apparently to the thinness of the arterial coats in that situation. The vessel was found to be patent, but to be narrowed at the seat of ligature by a kind of perforated diaphragm or miniature pylorus, leaving a central aperture about one line and a half in diameter. This diaphragm was formed by the incurvings of the ruptured ends of the middle coat, and as the external coat retained unaltered the external outline of the vessel, a minute triangular interval was thus formed, having its base represented only by the isolated external coat, and indicated by the bluish line, and its apex by the margin of the diaphragm where the two cut ends of the middle coat met. As the two portions of the middle coat were only united to one another by the scantiest of connective tissue, the artery was very weak at the seat of ligature, and allowed of considerable angular bendings. The third part of the subclavian artery was found embedded in a mass of very firm inflammatory material, and was occluded for three quarters of an inch and entirely obliterated for half an inch. No trace of the ligature could be detected: the subclavian vein was patent. The aorta was very atheromatous and the summit of its arch calcareous; the aperture leading from the aorta to the left carotid was extremely small, and that vessel was found to be occluded, save for a minute channel through which air could only with some difficulty be forced. This unsuspected closure of the left carotid was evidently present at the time of the patient's admission, and much embarrassed the early diagnosis; for when the patient came under notice it was observed that the left temporal pulse was much feebler than the right, that the aneurismal bruit (most clearly marked over the innominate tumour) was more distinct in the left than in the right carotid, and that in the left vessel a thrill could be felt not noticeable in the right. These symptoms aroused strong suspicions of aneurism of the aortic arch, and are explained by the almost solid condition of the left carotid. As an operation for closing a blood-vessel the carotid operation must be considered to have failed, and the reasons of that failure are matters of great importance.

In reviewing this subject, Mr. Treves deals in detail with the comparative physiological condition of the two vessels at the time of ligature, and urges that in this respect the condition of the subclavian artery at the time of ligature was actually less favorable than was that of the carotid when subjected to operation. In the details of the two operations, and in the health and general surroundings of the patient, no differences are apparent that could account for the differences in result. The conclusion therefore would appear to follow, that the failure of the carotid ligature was due to the antiseptic measures adopted. It would appear that these measures might almost err on the side of perfection by producing too ready and too complete a return of the parts to their condition previous to disturbance. Anatomically the healing of the wound was perfect, but would seem to have been too perfect for medical purposes. A little so-called reaction in the wound, and a little of that firm inflammatory material almost too bountifully supplied about the subclavian incision, would probably have effected the permanent closure of the artery. The comparative risks, however, attending the healing of the two wounds are to be considered. The question remains as to whether for some surgical purposes the perfect healing aimed at by the supporters of the antiseptic treatment is desirable or successful.

II. Case of Aneurism of Axillary Artery, probably Ruptured, treated by Antiseptic Ligature of third part of Subclavian Artery: partial restoration of lumen of vessel. By JEREMIAH McCARTHY, M.A., Surgeon to, and Lecturer on Physiology at, the London Hospital. (Received December 14th, 1880.)

(*Abstract.*)

F. G—, æt. 51, a sailor, was admitted into the London Hospital September 7th, 1880. In 1879 he had been under the care of Mr. James Adams for diffused aneurism of right popliteal artery, with the result of cessation of bruit and pulsation in the aneurism after eight hours digital compression of the femoral artery. Five days later gangrene necessitated amputation above the knee; the wound had healed well, and the man was discharged cured in November, 1879. Ten days prior to his second admission he felt pain in the left axilla, which recurred on September 6th with great intensity, and a swelling was observed in front of the left shoulder. There was a pulsating tumour immediately below the clavicle, which stretched the pectoral muscles so much that the man sat with his body bent forward; a loud bruit was heard over the swelling, and its pulsations were synchronous with those at the left wrist. It was evident that a small axillary aneurism had suddenly ruptured. The subclavian artery was at once ligatured antiseptically with a catgut ligature, arresting pulsation in the tumour and left wrist. In four days the tumour and the œdema had almost disappeared, and the wound healed by the eleventh day when slight pulsation could be detected in the left radial. On the twenty-first day the patient complained of severe pain in the shoulder, and examination was made for its cause. A harsh bruit was heard below the inner third of the clavicle, but none in the consolidated mass close to the shoulder. A hypodermic injection relieved the pain. On the forty-second day the tumour was spreading towards the shoulder, and ice was tried externally and iodide of potassium internally; and on the forty-sixth day, on the supposition of the subclavian artery having become permeable, an examination was made, but no pulsation could be detected in

the subclavian beyond the ligature. On the fifty-seventh day the arm became œdematous, the pulse at the wrist no longer perceptible, and the tumour steadily enlarging. On the sixty-second day the arm became of a dusky red colour, some bullæ formed, and the tumour was obviously about to burst in the axilla. On the sixty-fourth day there was oozing of blood from the axilla, and Mr. McCarthy amputated at the shoulder-joint. The pectoral muscles and parts of the axillary and brachial arteries were indistinguishable in the pultaceous mass composed of old and recent blood-clots. The remains of the axillary aneurism could be seen with three large vessels opening into it, which with five smaller vessels were then tied. The man died an hour and a half afterwards.

The author gave a full description of the post-mortem appearances of the subclavian artery, and of the microscopic examination of its coats, which were much thickened at the seat of ligature, but there were no traces of the *tunica intima* having been completely divided, though in the *media* some of the elastic fibres had evidently been ruptured. The *tunica adventitia* was much thickened, and in it were embedded the remains of the ligature surrounded by giant cells.

With regard to the question how the artery became pervious, the author suggested that the catgut ligature applied with effectual antiseptic precautions to an artery in its continuity does not do sufficient injury to ensure the permant closure of the vessel.

February 22nd, 1881.

JOHN ERIC ERICHSEN, F.R.S., President, in the Chair.

Present—43 Fellows and 14 visitors.

Books were presented by Dr. Charles Creighton, Mr. Charles Hawkins, the Clinical Society (for Dr. Austin Flint), and the Sanitary Institution of Great Britain.

The following gentlemen were admitted Fellows of the Society:—Stephen Mackenzie, M.D., F. de Havilland Hall, M.D., James Anderson, M.D., Robert Wharry, M.D., and William Knight Treves, F.R.C.S.

The following communications were read:

1. Two Hundred additional Cases, completing One Thousand Cases of Ovariotomy; with remarks on recent improvements in the operation. By T. Spencer Wells, F.R.C.S., Vice-President of the Royal College of Surgeons, Surgeon to the Queen's Household, Consulting Surgeon to the Samaritan Hospital. (Received December 14th, 1880.)

(*Abstract.*)

The author presents in a table (similar in form to those in which he had brought before the Society all his cases of ovariotomies up to the 800th) the particulars of 200 additional cases. The mortality of the ninth series was 17, of the tenth 11. Among the 1000 patients 231 have died and 769 have recovered, but the mortality has steadily diminished from 34 in the first hundred to 11 in the last. Since the 888th case, all the operations have been in private practice and all have been done antiseptically, the result being a mortality of 10·6.

The author inquires how far this lessened mortality is due to antiseptic precautions, or to other recent improvements in the mode of operating, describing in detail various modifications in each step of the operation

II. On the Development of a layer of Elastic Fibres in Duct Cancer of the Breast. By GEORGE THIN, M.D. (Received January 14th, 1881.)

(*Abstract.*)

The paper gives a summary of the results of an examination into the nature of a layer of elastic substance, described by the author in a paper read before the Society last session as surrounding epithelial masses in duct cancer. The layer is analogous to the elastic layer described by Henle as surrounding the lactiferous ducts, is composed of interlacing minute elastic fibres, contains no white fibrous tissue, although a few capillary blood-vessels and leucocytes are found in it, and is separated from the cell-mass by a membrana propria. Its significance is to be found in its association with a new epithelial growth, which takes its origin in duct epithelium, and in the illustration it affords of the retention by a cancerous epithelium of one of the distinctive attributes of the special epithelium from which the morbid growth sprung; and further, in the unexplained connection between the development of epithelium and of elastic fibres.

A nucleated membrana propria is described as being present around some cell-masses. It is of secondary formation, the nuclei on the surface having the characteristic flat elongated form. Outer and inner lines of these nuclei were sometimes detected.

III. A Second Case of Trephining for Epilepsy. By JAMES F. WEST, F.R.C.S. (Communicated by the President, JOHN ERICHSEN, F.R.S.) (Received January 11th, 1881.)

(*Abstract.*)

Mr. James F. West, of Birmingham, first called attention to the fact that the patient on whom he had performed the operation

1880.

PAYMENTS.

	£	s.	d.	£	s.	d.
Subscriptions, Fees, &c.: ', *&c.:*						
283 Annual Subscriptiot (less Property Tax) .	13	13	7			
24 Admission Fees, at x . .	4	3	4			
3 Composition Fees ii Land Tax . .	8	8	0			
payment of Subsites . .	15	13	6			
2 Composition Fees f . .	8	5	0			
Fines . . f House and Premises (one						
October, 1881) . .	2	5	0			
Transactions, &c.: f Library (seven years to						
Sale of Vol. LXII, by N 1887) . . .	45	0	0			
„ previous volume				97	8	5
„ 'Transactions,' *&g, &c.:*						
„ New Catalogue . . .	28	16	0			
man . ow Chandler, &c. .	13	15	5			
„ Ditto by the So . . .	20	12	0			
&c. .				63	3	5
s, &c.:						
Payments from Societies: Carpenter, &c. . .	7	4	1			
Contribution towards emmber, and Glazier .	14	17	6			
Pathological Society l Ironmonger . .	1	10	3			
Ditto from the Obstetri . . .	0	6	0			
Ditto from the Clinical				23	17	10
Interest: s and Waiters at Meetings .	18	12	6			
On Stock £2740 18*s.* udited Monthly) . .	14	1	9			
Reduced) .				32	14	3
ery, &c.:						
Total Ordinary Ind Printing Circulars .	36	10	6			
. . .	14	2	6			
Amount of Stock standing				50	13	0
the Trustees, March. 18						

two years previously, and whose case was narrated at the Society's meeting on November 25th, 1879, remained in perfect health, and had since been perfectly free from epileptic attacks. He then brought forward the case of a young woman, æt. 25, whom he trephined on March 25th, 1880. The operation had proved unsuccessful. Epilepsy begun when she was five years old, but was not serious until she was nine, when she sustained a severe cut on the forehead, the cicatrix of which was seen a little to the right of the middle line. The operation was performed at the site of the injury with antiseptic precautions, and was followed by little, if any, constitutional disturbance. No fits occurred for ten days after the operation, but they then recurred, though less frequently than before the operation. She became, after a few months, dangerous, and in October, 1880, was placed in an asylum.

ANNUAL MEETING.

March 1*st*, 1881.

John Eric Erichsen, F.R.S., President, in the Chair.

Present—58 Fellows.

On the Ballot for the election of Officers and Council being declared open by the President he nominated Dr. Wickham Legg and Mr. F. J. Gant as Scrutineers.

The Balance-Sheet of the Income and Expenditure of the Society for the year 1880 [see p. 33*] was taken as read (it having been previously distributed among the Fellows), and Mr. T. Holmes read the Report of the President and Council as follows:

The President and Council, in making their annual statement, have to lay the following particulars with regard to the general and financial condition of the Society before the Fellows:

The number of deaths among the Fellows has been 12, which is three below the average of the last five and twenty years. Of these 6 have been resident, 5 non-resident, and 1 an Honorary Fellow.

Twenty-four new Fellows have been elected, consisting of 20 resident and 4 non-resident Fellows.

Four resident Fellows have become non-resident, and 1 non-resident has become resident. There have been five resignations and no erasure of name for non-payment.

The total number of Fellows, resident and non-resident, is 686, seven more than in the previous year's statement, as seen in the annexed table:

TABLE OF FELLOWS.	Honorary.		Resident.			Non-resident.		Totals.
	English.	Foreign.	Compounded for Subscriptions.	Paid Subscriptions for 1880-81.	Additional to pay for 1881-2.		Compounded for 'Trans.'	
December 31st, 1879 . . .	11	19	79	279	...	199	67	679
Elected Dec., 1878, to April, 1879, but not subscribing for Session 1879-80. . .	...	...	...	+21	...			
Ditto, Dec. 1879, not subscribing for 1880-81 . .	...	...	...	...	+11			
Deceased during 1879 (in Report, March, 1880) . .	...	...	...	—7	...			
Deceased during 1880 (in Report, March, 1881) . .	—1	...	—4	...	—2	—4	—1	—12
Paid composition fee, 1880 .	...	...	+3	—3				
Resident became non-resident	...	...	...	—3	—1	+4		
Non-resident became resident	...	...	...	+1	...	—1		
Resigned from March, 1880 .	...	...	...	—5	...	...	...	—5
Erased for non-payment . .	...	...	...	...	...	...	...	...
Elected, 1880 (February and April)	...	...	...	...	+7	+2	...	+ 9
Ditto, 1880 (Dec.)	...	...	...	...	+13	...	+2	+15
Totals, Dec., 1880 . . . . (March, 1881)	10	19	78	283	28	200	68	686
				389			268	

Three Fellows have paid the final composition fee.

The number of new elections has been considerably less than last year, in which they were exceptionally numerous, viz. twelve above the average; but this year's number, 24, is still four above the average of the last quarter of a century.

The number of Subscriptions still maintains the favorable increase mentioned in previous statements as having commenced a few years back, and is this year 283, four more than the number of last year.

The Balance-Sheet of the Treasurer, which the Council have to place before the Society this year, is not so favorable a one as usual, there being a deficiency of £70 10s. 6d. There would have been a balance in hand but for two items of extra expenditure, viz. the purchase of a new carpet, &c., for the meeting room (the former one having lasted for twenty-five years), and the cost arising from an accident to the meeting room skylight, the iron framework of which had become eroded and given way at its base on one side to an extent which put the entire structure into a very dangerous condition, and necessitated its immediate replacement by a new one. This has been done in an effectual manner by replacing the iron by a wooden framework, and the Council have particularly to thank their Honorary Secretary, Dr. Reginald Thompson, for his energy in seeing it done with the greatest expedition, and at the same time with the least possible expense and inconvenience to the Society.

Another large extra item in the year's accounts is the insurance of the Library for the next seven years, in one single payment of six years' premiums.

The other items of expenditure require no special notice, as they are, with few exceptions, only slightly above or below the average of recent years.

The Honorary Librarians have to report that the additions to the Library of the Society during 1880 amount to 485 works (inclusive of pamphlets but not of continuations of Transactions or Journals), of which number 218 are Foreign and 267 English; 276 of these having been presented to, and 209 purchased by, the Society.

The above numbers include a collection of old books, presented by Dr. Newton Heale, of Winchester, which has served to fill up several deficiencies in the older portion of the Library; some old books and tracts have also been presented by Mr. J. W. Hulke, Dr. Aveling, and Mr. John Couper; Mr. John Marshall has presented several scarce portraits to the Society's collection, including one of Professor Agassiz, etched by Anne Merritt, and the original drawings by the late Dr. Edward Sparks for his paper on "Acarus Folliculorum," in vol. 57 of the 'Medico-Chirurgical Transactions,' have been bequeathed by him to the Society. The Supplement to the Catalogue, mentioned in the last Annual Report as in preparation to render the Catalogue complete to current date, has been inserted in the Library copy, and distributed among those Fellows who are in possession of the Catalogue.

At the conclusion of the reading of the Report it was moved by Dr. CHOLMELEY, seconded by Mr. GEORGE COWELL, and carried *nem. con.*:

"That the Report of the President and Council now read, with its appended audited statement of income and expenditure for the year 1880, be received, adopted, and printed in the 'Proceedings of the Society.'"

The President then addressed the meeting as follows:

GENTLEMEN,—During the two years that I have had the honour of presiding over this Society, my attention has naturally been directed not only to its present position and future prospects but also to its relations with the other medical societies of this Metropolis.

So far as its present scientific and professional position is concerned, nothing can be more satisfactory. The Society, though advanced in years, is as full as ever of life and vigour.

The number of its Fellows is large, and has shown of late years a tendency to increase. The meetings are well attended. The papers read are varied, important, and full of interest. The discussions are animated. The recent volumes of 'Transactions' admit of favorable comparison with any of their predecessors. The Library is rapidly growing and bids fair to become the most valuable professional Library in the kingdom; and, lastly, I may be allowed to add, as an evidence of the estimation in which the Society is held, that office in it is looked upon, and with justice, as amongst the highest distinctions in the profession.

Gratifying as is the present position of the Society in these respects, and free from anxiety as may be its immediate future, I cannot but think that the sphere of its action might be enlarged, and its utility proportionately increased to the advantage alike of it—the profession and the public.

"Finality" does not exist in medical institutions any more than it does in medical science, and that policy is the wisest which seeks to adapt the work and scope of an institution to the varying requirements of the times.

It scarcely admits of doubt that it would be greatly to the advantage of the profession if an institution existed in it which, holding entirely aloof from all political, social, educational, and ethical questions, were to constitute a tribunal before which might be discussed those great scientific problems which underlie the practice of medicine and of surgery, and one to which the profession, the public, and, if need be, the Government, might look for a deliberate and authoritative judgment not only on them, but on some of those questions of practice which are constantly developing with the onward progress of science, and the solution of which is now often a matter of individual opinion, of conjecture, of assumption, of inference, of faith even, rather than of ascertained fact.

The mechanism for the establishment of such a tribunal already exists in this Society. If brought into active operation it would occupy a field entirely distinct from that which is now filled by the colleges, the functions of which are mainly educational—in some degree ethical—nor would it in any way clash with those associations, the aims of which are rather social and political than scientific.

This Society has indeed already, and in some degree but in an intermittent and halting manner, entered upon this course as is evident by the appointment at different times of committees to investigate various scientific or practical questions, such as the operation of anæsthetics, the treatment of asphyxia, and the relations of diphtheria to allied conditions. The work so done has been fruitful in good results, and I cannot but think that it would be conducive to the best interests of the profession if it came to be recognised as part of the general business of the Society.

The relations of this Society to other kindred institutions in the Metropolis is also a subject that appears to me to be deserving of the most serious attention on the part of its Fellows and of their members. We are all equally interested in it. There are few resident Fellows of this Society who do not belong to one or other of those associations of more recent origin that hold their meetings in this room. Between these societies and ours a bond of union has already been established. Could not this be drawn closer? Could not some community of organisation and of action as well as of locality be established between them and us?

Might we not thus add to the strength not only of the parent but of the branch societies?—simplify, harmonise, and economise their working both in time and expense, and systematise in some way the arrangement and the distribution of papers to one or other of the societies which appears now to be often determined by mere chance or caprice.

These questions have suggested themselves afresh to me during my tenure of office here. I say *afresh* for, as many of the Fellows well know, this is not a new subject. It will be in the ready memory of many that so far back as the year 1869, under the Presidency of Sir George Burrows, it received the serious attention of the Fellows of this Society and of the members of several others. It was discussed in an exhaustive manner at several meetings here. An elaborate scheme for the amalgamation of this Society with the Pathological, Clinical, and Obstetrical societies was drawn up and the project came near to its fulfilment.

The title of the *Royal Society of Medicine* was proposed to be given to the new association, and the various sections represented by the other and more special societies were intended to be incorporated in it by an arrangement that appeared to have been not only equitable but mutually advantageous, and by which the individual and independent action of each section was secured.

For reasons then looked upon as valid, but which I venture to think have now lost much of their weight, the scheme fell through and became abortive, and thus were lost the results of much and most unselfish labour on the part of the officers of this and other societies, the fruition of which would have tended equally to the advantage of all the affiliated societies to which it would have given that strength and durability which co-operation and organisation can alone permanently secure.

The history of this episode in the affairs of this Society will be found in the 'Proceedings' for 1869-70, and to those of the Fellows who are not acquainted with it, I would recommend its attentive study and consideration.

The financial position of the Society is a matter that appears to me not only to deserve but to demand consideration on the part of the Fellows. For reasons quite independent of the admission of Fellows, the income of the Society has decreased whilst its expenditure has grown. The income of the Society, though sufficient for the present ordinary wants, is not sufficiently elastic to bear any unusual strain to which it might be subjected, even though of but moderate severity, and it would most certainly tend greatly to the present prosperity and future security of the Society if it could be increased.

I may at once say that we cannot reduce our expenditure, we must therefore see if there are any means by which our income can be increased.

As the most feasible and practical scheme I would suggest the desirability of reconsidering the amount of payments made to the Society by the non-resident Fellows.

A "non-resident" Fellow—one who lives beyond the seven mile radius from the Post Office—consequently, if residing in some parts of the suburbs not more than five miles from the Society's premises, pays once and for all a fee of six guineas to the Society. For this he enjoys, for life, all the privileges of a resident Fellow, with the exception of not being allowed to take books out of the Library, and of receiving the annual volume of the 'Transactions,' for which, however, he can compound on very reasonable terms. He can use the Library and Reading Room, can attend all meetings, take part in the discussions, introduce visitors, and he receives the 'Proceedings' as published.

I cannot but think that in consideration of these great advantages, independently of the honour of being a Fellow of this the greatest of all our societies, the non-resident Fellow scarcely makes an adequate return or one proportionate to that made by the Resident Fellow, and that he might justly be charged a small annual subscription, say of one guinea, in addition to his entrance fee. For this he might receive the annual volume of the 'Transactions,' and yet a considerable balance be left in favour of the Society.

Such an arrangement could not be retrospective, but in the course of time it would yield a considerable additional annual income. We have now about 300 non-resident Fellows. If each of these had been admitted under such an arrangement as now suggested, receiving the 'Transactions' as well as the 'Proceedings' annually, an addition of about £180 a year would have been made to the income of the Society, which would amply suffice for all its wants.

In addition to the pecuniary gain thus accruing to the Society there would be this advantage, that it would not only bring the non-resident Fellows into more direct and continuous relation to the Society, but also that the circulation of the 'Transactions' would be nearly doubled, and thus the papers published in them receive a much wider publicity.

Such a change would require the alteration of Section 5 of Chapter 5 of the Bye-laws.

During the past year we have had to deplore the loss of ten Ordinary and of one Honorary Fellow of the Society, and these numbers are, I am pleased to say, below the average.

The hand of death has fallen with stern impartiality on all ages and on all classes amongst our Fellows. It has removed those who, full of years and of honour, have been Fellows of this Society since Astley Cooper was its President. It has snatched away others in the early prime of a life full of promise by a premature, and in some cases a sudden fate. We have sustained the loss of men of the highest distinction in the world of science, as well as of those content to occupy a less prominent—

though, perhaps, not less useful position in the ranks of the profession.

The first name in our obituary of the year is that of *Dr. Daniel Whitaker Cohen,* who died on February 28th, 1880, at the age of 67.

Dr. Cohen studied at St. Thomas's Hospital, became a Member of the College of Physicians in 1842, and an M.D. of Cambridge in 1847. He was appointed Assistant-Physician to St. Thomas's Hospital, and established himself in practice in Cleveland Row. For what reason I know not he resigned his appointment and quitted London in 1855, remained abroad till 1865, when, after a brief stay in London, he finally returned to Bideford where he died.

The death of *Mr. Thomas Bell* has severed one of the last connecting links which united the present with a long past generation of surgeons, and has deprived this Society of one of its three senior Fellows.

The son of a medical man who practised at Poole during the later half of the eighteenth century, Thomas Bell was born in that town in the year 1792, and following the custom prevalent in those days, but now perhaps unfortunately obsolete, commenced his professional studies under his father's guidance, and did not enter upon his hospital attendance until he had attained an age sufficiently mature to appreciate and to profit by the instruction of such men as Cline and Astley Cooper, then in the zenith of their fame.

In the ever memorable year of "thy crowning victory," Waterloo, Bell became a Member of the College of Surgeons, and two years subsequently, in 1817, was appointed Lecturer on the Diseases of the Teeth, &c., and Dental Surgeon to Guy's Hospital.

This appointment opened up a new era in Dental Surgery. So far as I know, Bell was the first legally qualified and thoroughly educated surgeon who, devoting himself specially to dentistry, became connected, in the capacity of teacher of his art and Dental Surgeon with a large Metropolitan Hospital and School of Medicine.

But Bell did more than lead the way to the recognition of dentistry as being an integral part of surgery and worthy the attention of the educated surgeon. He was one of the first who in this country followed in the steps of John Hunter by making the teeth the subject of scientific study.

For truly, Thomas Bell was not a mere dentist, his mind was too active and energetic, it was too deeply imbued by a scientific spirit to allow itself to be confined within the narrow circle of so restricted a specialty as that of dentistry.

He devoted himself with zeal and conspicuous ability to the study of comparative anatomy and zoology. He lectured on these branches of natural science at Guy's Hospital, and in 1836 was appointed Professor in them at Kings' College.

He wrote much and well on his favourite subjects of study. A 'Treatise on the Anatomy of the Teeth' is perhaps his chief work, and he contributed numerous papers to the 'Transactions' of the Royal, the Linnean, and the Zoological Societies.

By these contributions to comparative anatomy and natural history, Bell reaped the highest rewards that await a man of science in this country.

He was elected a Fellow of the Royal Society, and acted for many years as one of the secretaries of that distinguished body. He was also an Honorary Fellow of the College of Surgeons, and became President of the Linnean Society in 1848. Bell was elected a Fellow of this Society in 1819, served on the Council in 1832, and was Vice-President in 1854.

His last literary work consisted in the publication of an enlarged edition of that charming book, Gilbert White's 'Natural History of Selborne.' Not only did Bell become the editor of the well-known work of this distinguished naturalist, but he also became the possessor of his house, "The Wakes," at Selborne, where it had been originally written, and which he had purchased some years before his death on his retirement from public life. Here he quietly passed away on the 13th March, 1880, in his eighty-eighth year. He had been a Fellow of this Society for sixty-one years at the time of his death, and was admitted during the Presidency of Sir Astley Cooper.

By the death of *Dr. John Deakin Heaton*, Leeds has sustained the loss not only of a most distinguished physician, but of one of her most prominent and enlightened citizens, ever active in all work of utility and of benevolence.

Born at Leeds in 1818, Dr. Heaton received his general education in the grammar school of that town. His medical studies he commenced at its infirmary, and subsequently pursued them with distinguished success at University College. He graduated in honours at the University of London in 1843, and soon afterwards settled as a physician in his native town. Early in life he became connected with the Leeds Medical School, where he lectured successively on botany, materia medica, and the practice of medicine.

In 1850 he was appointed physician to the Leeds General Infirmary. This important office he retained up to the time of his death, having attained the rank of senior physician on the retirement of Dr. Chadwick in 1870.

It is not too much to say that Dr. Heaton was no unworthy representative of a school which had been rendered illustrious by the teachings of the Heys, the Smiths, and the Teales, and which has long held a foremost place in schools of medicine of Great Britain.

It was not, however, only as that of a physician of eminence that Dr. Heaton's name stood conspicuous in his native town, it was intimately associated with all those institutions, whether of a religious, benevolent, or scientific character, that tended to the improvement of the moral, physical, or intellectual condition of its inhabitants.

In all that related to the educational and scientific progress of Leeds, and of the great manufacturing district of which it is the centre, Dr. Heaton took an especially active part. He was for many years chairman of the *Yorkshire Board of Education*, and was a warm supporter of the Leeds *Philosophical Society*, of which he was president for four years.

But, perhaps, Dr. Heaton's greatest work in connection with education was in the establishment of the *Yorkshire College of Science*, an institution founded for the purpose of giving advanced instruction in applied science—an object necessarily of the very first importance in a manufacturing town.

In recognition of his eminent services in connection with this

College, Dr. Heaton received the honour of the membership of the Clothworkers' Company and of the Freedom of the City of London.

Dr. Heaton died in his sixty-third year, after a short illness, in March, 1880.

Few men have been more widely known or more universally respected in the scientific world during the last third of a century than *Dr. William Sharpey.*

The birthplace of Harvey was the home of Sharpey's ancestors. His father, a native of and shipowner at Folkestone, migrated towards the end of the last century to Arbroath, where Sharpey was born in 1802. Though of English descent, Dr. Sharpey was Scottish not only by birth, but markedly so in character and sympathy.

A posthumous child, he owed his early education, as well as his entry into the medical profession, to the guidance and advice of his stepfather, Dr. Arrott, for whom he always retained a most kindly and grateful remembrance.

The early years of Sharpey's professional life contain few, if any, incidents of interest, the relation of which need detain us. It suffices to say that, in 1817, he commenced his medical studies in the University of Edinburgh, and after passing through the usual course graduated in 1823. He subsequently assisted his stepfather, Dr. Arrott, in his practice at Arbroath. But the routine duties of a country practitioner were but little congenial to a mind having so strong a scientific bias as Sharpey's. He soon threw up practice, never to resume it, and left Scotland on a prolonged tour of scientific education on the Continent, there to prosecute his studies in anatomy and physiology, and to prepare himself for his life's work as a man of science.

With this view he visited and studied at the best schools of anatomy and physiology to be found in Europe, and under Rudolphi, at Berlin, Tiedemann, at Heidelberg, and Panizza, at Pavia, he made himself not only a thorough master of topographical anatomy, but acquired an extended knowledge of the most advanced physiology of the day.

Returning to Scotland Sharpey entered, in 1831, upon that career as a teacher in which he was destined to become pre-eminent. He had lectured on anatomy with great success for five years at the Extra-Academical School at Edinburgh, when that event occurred which caused him to sever his professional ties in the North and permanently to establish himself in London. For in 1836, on the sudden retirement of Dr. Jones Quain from all connection with University College, the anatomical department of that school was reconstructed and a Chair of General Anatomy and Physiology created, to which Dr. Sharpey was appointed. This post he held for nearly forty years, resigning it only in 1874 under the pressure of advancing years and increasing infirmities.

It is not too much to say that this appointment inaugurated a new era in the history of the progress of physiology in this country. At the present day it is not easy to estimate its full importance, unless we picture to ourselves what physiology was and how it was taught in the medical schools of the Metropolis nearly half a century ago.

At the time of Sharpey's advent in London no complete course of physiology was given in any of the medical schools. In fact, physiology was not taught separately or apart from ordinary descriptive anatomy as a great and independent branch of biological science. The same lecturer usually taught "anatomy and physiology" in the same course of lectures, the latter part of which was considered to suffice for the instruction of the student in physiology, and the physiology so taught consisted of little more than a brief description of the functions of organs and the uses of parts. Sharpey was the first who gave a complete course of lectures on general anatomy, histology, and physiology, such as is now universally done in all the greater medical schools. The great advance that he instituted consisted not only in the completeness of the course, in the full and exhaustive manner with which he treated his subject, in the vast amount of varied learning with which his lectures abounded, but in a main degree in his making comparative anatomy and physiology the basis from which he proceeded to a description of the biological phenomena presented by man.

Sharpey's lectures attracted large crowds of eager and attentive pupils, and by the interest they excited undoubtedly gave a powerful stimulus to the study of physiology in this country.

Indeed, as a teacher of physiology Sharpey was unrivalled; never eloquent, scarcely perhaps fluent, often embarrassed for words, the matter of his lectures was so valuable, the arrangement so orderly, the exposition so lucid, the illustrations so varied and novel, and the manner of the lecturer so earnest, that his teaching made a deep and lasting impression on all who had the good fortune to listen to it.

Sharpey did not write much. His best known publications are an article on the "Cilia" in Todd's 'Cyclopædia of Anatomy and Physiology,' and the chapters on General Anatomy that preface the later editions of Jones Quain's work on Anatomy. No independent work ever issued from Sharpey's pen. It has always been to me a source of much regret that his lectures on physiology have not been published, either by himself or under his guidance, by one of his many pupils well qualified for the task. Indeed, it may truly be said that Sharpey has not done justice to himself by his published works. They will certainly scarcely convey to a future generation a just estimate of the high consideration in which their author was held by his contemporaries as a physiologist and a man of science.

Sharpey's knowledge of the literature of his own subject, and of the work done by other physiologists, was as extended as it was accurate—it was encyclopædaic. It embraced equally the speculations of the past and the most advanced doctrines of the present. He was as conversant with the works of Vesalius, of Harvey, and of Haller, as with those of the latest experimentalists in France and Germany.

Prodigious as were his stores of knowledge, not only in physiology but in most departments of medical science, his memory was equally ready as it was tenacious, and never failed him with an apt quotation or a striking illustration when required. His judgment was singularly calm and clear, and his mind possessed judicial qualities of the highest order.

His extensive knowledge, and his peculiar mental tone, constituted him an admirable mentor for the young investigator. He was able to point out lines of inquiry that promised to be productive of good results, or to warn him of the dangers of crude and imperfect observation.

Of Sharpey it may with truth be said that he was both a full and an exact man; one whose knowledge was only equalled by his wisdom, one in whom if knowledge came, wisdom certainly did not linger.

His sense of humour was keen and his criticism of the works of others always acute, was often marked by a dash of satire which gave singular pungency to his remarks.

Sharpey devoted himself with untiring zeal to the interests of three great institutions in the metropolis, viz. to those of University College, the University of London, and the Royal Society.

To him *University College* is mainly indebted for the high reputation it has long held as a school of biological science, and in its laboratories and museums he worked with unflagging energy, until increasing infirmities incapacitated him for all active duties.

To the interests of the *University of London* he devoted himself for many years, first as an examiner and subsequently as a member of the senate. For a liberal both by instinct and by reason, Sharpey watched with constant and untiring assiduity over the rising fortune of that great institution.

At the *Royal Society* his influence was strongly felt during the lengthened period that he acted as one of the secretaries of that distinguished body.

Much broken by the infirmities of age, Sharpey died after a short illness on the 11th April, 1880, in his seventy-ninth year. His death will long be felt in the world of science in this country. His tall and massive frame, his keen, but open and good-humoured countenance, his cheerful smile and kindly greeting much missed at its social gatherings.

Dr. William O'Connor had been a Fellow of this Society since 1843, and although he never contributed to its 'Transactions' or held office in it, took at one time an active part in its proceedings, and was a frequent and well known attendant at its meetings.

Dr. O'Connor, who was an M.D. of St. Andrews, acted for twenty-five years as physician to the Royal Free Hospital. He communicated several papers to the journals, and to the Pathological Society, chiefly on abdominal diseases. He died somewhat suddenly on the 3rd September, 1880.

The three Fellows whose obituaries we have now to record were all lost to us and to the profession in the prime of life; they were all men of brilliant promise and of some achievement.

Mr. Edward Amphlett, the son of a highly respected member of our profession practising at Birmingham, was born in 1848. Originally destined for the sea he served for several years as a midshipman in the Royal Navy, thus visiting various and remote regions.

But unfortunately, becoming the victim of chronic asthma, he was compelled to relinquish a profession to which he was devoted, and in which he ever continued to take a warm interest.

On leaving the navy he determined to enter the medical profession. With this view he proceeded to Cambridge where he took his B.A. degree, distinguishing himself both in mathematics and in classics. He studied medicine at Guy's Hospital, and became a F.R.C.S. in 1877.

Mr. Amphlett now commenced to practise as a surgeon in London. He was appointed assistant-surgeon to Charing Cross Hospital, and clinical assistant to the Moorfields Ophthalmic Hospital. He worked with great assiduity in these posts, and gave early promise of a successful, possibly of a brilliant career. But the same disease that had led to his compulsory retirement from the navy marred his progress as a surgeon. He fled for relief to the use of potent drugs and died on September 9th from an overdose of morphia and chloral.

Of high integrity and most honorable character, a man of much information and of varied acquirements, excelling in all athletic sports, and proficient in games of skill, Mr. Amphlett was deservedly a favourite with all who knew him.

A young physician of much promise has passed away in *Dr. James Pearson Irvine.*

The son of a medical man, Dr. Irvine was born at Colgate in 1842. After taking his B.A. degree at the University of London he commenced his medical studies at the Liverpool School of Medicine; thence he proceeded to University College where he passed through a brilliant career as a student, graduating in honours at the University of London, and obtaining his M.D. degree in 1871.

Well known in Liverpool, and highly esteemed by all who knew him, Dr. Irvine commenced the practice of his profession in that town. But in 1874 he moved to London, and was soon appointed Assistant-Physician to, and Lecturer on Forensic Medicine at, the Charing Cross Hospital.

He threw himself with zeal into the kind of professional work most affected by young physicians at the present day. He was a constant attendant and frequent exhibitor at the meetings of the Pathological Society. The pathology of the heart and great blood-vessels, more especially in relation to chlorosis, occupied much of his attention. On this subject he wrote an elaborate and able paper, which was read before this Society, and an abstract of which will be found in its 'Proceedings.'

Dr. Irvine, however, has not written much. His time had been spent in preparation rather than in accomplishment. But what he did write was characterised by good judgment and a sound and practical insight into disease. A series of papers on "Relapse of Typhoid Fever," which since his death have appeared in a separate form, was his chief work.

Genial and ever courteous in manner, modest and unassuming in character, a diligent observer and laborious student, there can be little doubt that had his life been spared Dr. Irvine had before him a successful and honorable career. But a life that promised so fairly was prematurely cut short, and he died after a brief illness on October 15th, 1880, in his thirty-eighth year.

Another of the younger Fellows of this Society, cut off by chronic disease in the prime of a life which, in the brightness of its dawn, gave promise of a brilliant future, was *Dr. Edward Isaac Sparks.*

Born at Crewkerne in 1843, he received his early education in the grammar school of that town. Thence he went to Oxford, where his career was one of marked distinction. In 1866 he came out with a first class in natural science and honours in classics. In 1868 he was appointed Radcliffe Travelling Fellow. In this capacity he spent three years on the Continent. On his return to England he entered as a student of Medicine at University College, London, and having obtained his M.B. degree in 1870, and becoming a Member of the Royal College of Physicians two years later, settled in the Metropolis with the view to practise.

Dr. Sparks had now a future before him such as is opened up to few men in our profession at the outset of life. Distinguished as a university graduate, possessing that acquaintance with men and things which extended foreign travel can alone give; a good classic, skilled in modern languages, with an excellent knowledge of medical science as taught in the most advanced schools on the Continent, Dr. Sparks entered on professional practice with a reputation already made, needing but time and opportunity to carry him into the foremost rank of the physicians of his day.

But the bright morning of his life was soon overshadowed by the cloud of failing health. He became the victim of chronic phthisis, and after a residence of but three years in London was compelled to relinquish the idea of a metropolitan career, and to retire to the South of France in the vain hope of renovating his shattered constitution, eventually establishing himself at Mentone as a physician.

Fully conscious of the nature of his disease, and of its inevitably fatal result, Dr. Sparks worked bravely on. He wrote two papers for this Society, both of which appeared in our 'Transactions,' one in 1874, "On a Disease produced by the Acarus Folliculorum," and another, in conjunction with Dr. Mitchell Bruce, in 1879, "On the Effect of Diet, Exercise, and Rest on Chronic Nephritis." This paper is doubly interesting; not only on account of its scientific merits, but also, and perhaps mainly, because the observations contained in it were auto-clinical, possessing the melancholy interest of having been made by the author on his own person when fatally stricken by disease. In addition to these papers Dr. Sparks has published a work on the Riviera, which is a valuable contribution to our knowledge of that favoured and favourite region. He also translated 'Binz's Manual of Therapeutics.'

Amiable and cheerful in disposition, highly cultivated, with a lively appreciation of all that was beautiful in art and interesting in nature, Dr. Sparks was an agreeable companion and a warm-hearted friend. Had his physical vigour but equalled his mental powers he would undoubtedly have taken a foremost place amongst the physicians of a future day, but disease gradually gained ground on him and he died on October 11th, 1880, beloved by all who knew him, and regretted most by those who knew him best.

The Indian medical service has been the fostering mother of many men who have risen to deserved distinction and to high honour in our profession, and few have more fairly merited the eminence they have attained through it than *Dr. Edward Goodeve.*

Born in 1816 at Alverstone, in Hampshire, he received his medical education at St. Bartholomew's Hospital, where his abilities and industry attracting the attention of Sir William Lawrence, he obtained, through the influence of that distinguished surgeon, an appointment in the East India Company's Service. He went out to Bengal in 1841 as an assistant-surgeon. Here he speedily attracted the notice of those high in office, and he was selected to accompany Dr. Wilson, the Bishop of Calcutta, in several prolonged journeys through India. On his return from this service he was appointed civil surgeon at Cawnpore, but soon resigned this post in order to join the British forces then engaged in the Sikh War. He served through both the Sutlej campaigns, and did valuable service in his capacity of regimental surgeon in the battles of Chillianwallah and Guzerat. In recognition of which he received a medal and two clasps.

In 1850 he was appointed Professor of Materia Medica in the Calcutta Medical School. Thence he was soon advanced to the Professorship of Medicine and became Physician to the Calcutta Hospital. It was in this great field of observation, of practice, and of instruction, that he acquired a distinguished reputation not only throughout India but in this country as a physician and a teacher of the highest order.

Retiring from the service in 1864 he returned to England, and in 1865 was sent by the Government to Constantinople in order to represent this country at the International Cholera Commission held at that city.

Dr. Goodeve devoted much attention to those diseases which are specially rife in India, such as cholera, dysentery, diarrhœa, and enteric fever. To 'Reynolds' System of Medicine' he contributed valuable articles on cholera and diarrhœa.

Returning to England as he did in the full maturity of professional life, Dr. Goodeve commenced practice as a physician in London; but failing health compelled him to retire from all active work, and he died at his residence, near Clifton, on the 27th October, in the sixty-fifth year of his age.

Of *Dr. George Moore's* early life and professional career I can learn but little. He was elected a Fellow of this Society in 1836, and practised for many years at Hastings.

Dr. Moore was a prolific writer. His works were, however, scarcely medical. Their character was chiefly religious or psychological. Their titles, indeed, express their scope; 'The Power of the Soul over the Body,' 'The Use of the Body in Relation to the Mind,' 'Man and his Motives,' 'The First Man and his Place in Creation,' are sufficiently expressive of the nature of these works.

The only publication by Dr. Moore which could be considered as really medical, is an essay on the "Pathology and Causes of Puerperal Fever," published in 1836.

Dr. Moore, occupying himself but little with practice, had for many years before his death led a life of literary leisure at Hastings, where he died on October 30th, 1880, aged seventy-seven.

Those honoured names, "*Benjamin Collins Brodie*," which have been borne on the rolls of this Society for sixty-seven years, have finally been erased by the hand of death. For Sir Benjamin Collins Brodie, the second of that name and title, one of our Honorary Fellows, the distinguished son of an illustrious father, died at Torquay on the 24th November, 1880, in his sixty-fourth year.

Born in 1817, he graduated at Oxford in 1838, taking honours in Mathematics. Inheriting his father's philosophic mind, he devoted himself to science, and selecting chemistry as the subject of his study, he proceeded to Giessen, where, in the laboratory of the celebrated Justus von Liebig, then at the height of his fame, he worked under the guidance of that great master.

Here Brodie first distinguished himself by an analysis of different varieties of wax produced by feeding bees on different kinds of sugar.

These early investigations led him to a complete chemical examination of wax, the result of which was a most able memoir on this subject, presented to the Royal Society in 1848, and published in the 'Philosophical Transactions.'

In 1853 Sir Benjamin C. Brodie was elected an Honorary Fellow of this Society.

In 1855 Brodie was appointed Professor of Chemistry in the University of Oxford, an office which he held until 1872, when failing health compelled him to resign it. Here he devoted himself to investigations of the highest order. He more especially studied the behaviour of the peroxides, a study which led up to the discovery of those remarkable compounds, the *peroxides of organic acids,* thus opening out an entirely new field of chemical research. Another of Brodie's more important investigations was a lengthened inquiry into the action of *electricity on the various gases.* This gave rise to a memoir, also published in the 'Philosophical Transactions,' described by one well competent to judge of its merits as "a monument of patient research and ingenious labour."

Brodie's latest work was one entitled 'The Calculus of Chemical Operations.' In this essay chemical research and mathematical reasoning were equally brought to bear on the solution of one of the most difficult problems in physical science. In this remarkable memoir, read before the Royal Society in 1876, Brodie endeavoured to show by direct experimentation, supported by mathematical proof, that the particles of elementary bodies are not simple but compound, and to it we owe in a great measure our ideas of the probable molecular constitution of elementary and compound matter.

The late Sir Benjamin C. Brodie communicated a paper to our Society in 1876, containing an account of the case of his own son, which affords an interesting and instructive illustration of the bearing that pure science may have on surgical practice. The boy, having broken a piece of needle in his leg, the presence of the foreign body was detected and its situation determined by submitting the needle in the leg to the action of a powerful electro-magnet—that of the Royal Institution—and then testing its position by suspending over the limb an indicating needle—a sewing needle suspended from the middle by a line of silk—which became violently agitated when it approached the spot. The broken needle was afterwards extracted by Mr. Charles Hawkins, who has kindly referred me to this interesting case, which is published in our 'Proceedings.'

In character Sir Benjamin Collins Brodie was, in the words of the President of the Royal Society, "No unworthy representative of the firmness of character and independence of thought which have always been connected with his father's name."

I may add that the venerated name of Brodie, and the title conferred on the illustrious surgeon of that name, are perpetuated in the person of the third baronet, the only son of the subject of this notice.

And now, Gentlemen, I have done. Nothing more remains for me but to retire from this Chair, and to resign into your hands the trust with which you honoured me two years ago. That honour I regard as one of the highest that our profession can bestow—as such I hope it may always be cherished. Few honours come to us from without; we may, therefore, be allowed to prize more highly those that are conferred by the members of our own profession.

Such honours, and so conferred, are no small recompense in after life to those who in the earlier period of their career have followed the steep and rugged road that alone leads to true professional eminence, and have not been tempted to turn aside into those smooth and smiling bye-paths that are short cuts to fortune though they may not lead to fame.

I know of no greater distinction that can be conferred on a surgeon in this country than for him to have his name inscribed on the same roll that contains those of the sixteen distinguished surgeons—some the most illustrious that their age has produced—who have, since the foundation of this Society, preceded me in the office of Surgical President. That distinction I owe to you; for it I must cordially thank you, for I am deeply grateful.

At the conclusion of the Address it was moved by Mr. Spencer Wells, seconded by Mr. T. Pickering Pick, and carried with great applause—

"That the best thanks of the Society be given to the retiring President, Mr. John Eric Erichsen, for the able and efficient manner in which he has presided over the meetings and affairs of the Society during his period of office, and that he be requested to allow his excellent address to be printed."

The President announced the result of the Ballot for Officers and Council for 1881-82, as follows:

President.

*Andrew Whyte Barclay, M.D.

Vice-Presidents.

A. Baring Garrod, M.D., F.R.S.
*Sam. Osborne Habershon, M.D.
*Thomas Spencer Wells.
*Timothy Holmes.

Treasurers.

*Charles Bland Radcliffe, M.D.
John Cooper Forster.

Secretaries.

Reginald E. Thompson, M.D.
*M. Berkeley Hill.

Librarians.

*Edw. Henry Sieveking, M.D.
J. Whitaker Hulke, F.R.S.

Other Members of Council.

*James Andrew, M.D.
*William Cholmeley, M.D.
Charles Hilton Fagge, M.D.
*Sydney Ringer, M.D.
*Reginald Southey, M.D.
Frederick James Gant.
*John Langton.
Francis Mason.
John Morgan.
Alfred Willett.

Those gentlemen to whose name an asterisk is prefixed were not on the Council or did not fill the same office last year.

It was moved by Mr. MacNamara, seconded by Dr. Whipham, and carried unanimously—

"That the thanks of the meeting be given to the retiring Vice-Presidents, Dr. C. B. Radcliffe, Mr. Barnard Holt, and Mr. John Birkett, and the other retiring members of Council, Dr. Langdon Down, Dr. Samuel Fenwick, Dr. John Harley, Dr. George Roper, and Mr. Christopher Heath."

And it was also proposed by Dr. Silver, seconded by Mr. Berkeley Hill, and carried with applause—

"That this meeting desires to return its cordial thanks to the retiring officers of the Society, viz. Dr. William Wegg, *Treasurer*, Mr. Timothy Holmes, *Secretary*, and Dr. George Johnson, *Librarian*, for their zealous and valuable services to the Society whilst holding those offices."

PROCEEDINGS

OF

THE ROYAL

MEDICAL AND CHIRURGICAL SOCIETY

OF LONDON.

March 8th, 1881.

Andrew Whyte Barclay, M.D., President, in the Chair.

Present—39 Fellows and 5 visitors.

Books were presented by Dr. Robert Farquharson, Dr. Lewis Shapter, Mr. Wm. McCormac, and from the University of Brussels.

Henry Barnes, M.D. (Carlisle), was proposed for election as a Fellow of the Society.

The new President, Dr. Barclay, addressed a few words to the meeting on taking the Chair, and thanked the Society for the high honour they had done him in electing him as their President.

The following communications were read:

I. On a probable Cause of Lead Colic. By C. Hilton Fagge, M.D., F.R.C.P., Physician to, and Lecturer on Pathology at, Guy's Hospital. (Received January 11th, 1881.)

(*Abstract.*)

After referring to the fact that in certain observations on the nature of the red line in the gums, published in the fifty-ninth volume of the 'Transactions,' he had been anticipated by a French physician, M. Cras, the author remarked that both he and M. Cras had on theoretical grounds suggested that it was almost certain that sulphide of lead must be formed in the intestinal mucous membrane of persons exposed to the action of the metal, by the reaction of the sulphureted hydrogen of the intestinal gases upon a soluble combination of lead circulating in the capillaries. The author had since had four opportunities of examining the bowel in patients who had had symptoms of lead-poisoning. In two instances the results were negative. In the other two instances a marked and extensive blackening of the interior of the bowel was observed. Dr. Stevenson was kind enough to make analysis of the discoloured portions of intestine, and to compare them with an analysis of healthy pieces of intestine from the same patients, and he found that there was an excess of lead in the blackened parts, amounting in one case to as much as 320 times the quantity present in the uncoloured parts.

II. Experience and Specimens of the Ox Aorta Ligature, and some remarks on the Variability of Catgut. By Richard Barwell, F.R.C.S., Senior Surgeon to the Charing Cross Hospital. (Received February 26th, 1881.)

(*Abstract.*)

The object of a paper read before this Society two years ago was:—Firstly. To point out the cases of aortic aneurism which

might be benefited by deligation of the right carotid and subclavian arteries. Secondly. To show the advisability of leaving all the coats of arteries tied in continuity intact. Thirdly. To introduce a flat ligature to carry out this object.

The necessarily small experience which could then be adduced, might be supplemented by two additional cases of aortic aneurism treated by tying the above-named vessels with the ox aorta ligature, thus there were three cases in all:

1. The author's case, already recorded, lived sixteen months in fair health and comfort.

2. A case of Dr. Lediard's (now of Carlisle) lived ten months.

3. A case by Dr. Wyeth, of New York, was still alive and in good health.

There now remains to be reported a fourth case of aortic aneurism, for which the vessels on the *left* side of the neck were tied. The operation failed to prolong, but it did not seem to have shortened life. The patient survived thirty hours. The parts of the author's first case and of Dr. Lediard's case* were laid on the table, as were also certain specimens removed from the last case.

The arteries of the first had been injected; the carotid ligature was *ab origine* tied too loose, it was the first time that he, the author, had used the ox aorta, and he attributed the almost immediate return of temporal pulse wrongly to free collateral circulation. The loop of ligature (probably) remained on the vessel. The subclavian was quite closed, and being slit lengthwise showed the tunics entire. Collateral circulation was well established.

Of the second case, Dr. Lediard wrote:—"The aneurism is filled with very firm clot. Nothing could have been more satisfactory than the action of your ligature in this case; the vessels were entirely occluded, there being no trace of the bands seen; but there is a firm clot above and below the seat of constriction, such as is usual in vessels tied in continuity."

The parts from the fourth case were: the subclavian artery, showing where it was tied no injury to any of the coats, and the severed ligature from that artery; also the ligature from the carotid with the knot entire and showing no tendency to loosen.

* By the kind permission of Dr. Hopkins.

Four other vessels have been tied with this ligature, two iliac arteries (by Mr. Holmes and Mr. Johnson Smith), two femorals (by Mr. Bellamy and Mr. Barwell); in these four cases the aneurisms did perfectly well, the wounds healed at once and nothing more was seen of the ligature. The twelve deligations were more than sufficient to show that the ox aorta ligature became absorbed with sufficient slowness to be perfectly reliable in tying vessels in continuity. They showed this with the more force because this material was not prepared—the ligatures were cut from the fresh aorta and dried—hence they were uniform; what had happened with those that have been employed will happen with all. This power of becoming gradually absorbed was common to all the soft connective tissues provided they were perfectly fresh, *i.e.* not decomposed. The submucous tissue of sheeps' intestine—of which catgut was made—would, if it were dried while fresh, act like other soft connective tissues with no need whatever for after preparation. But in the manufacture of catgut this structure was separated from the rest by processes of scraping, a procedure which would be impossible unless the intestine were to some extent decomposed. The various modes of preparing catgut into ligatures were devices for getting rid of the results of this decomposition.

Catgut sutures, more easily watched than ligatures, dissolved in very various periods, though prepared in identically the same way. One of the chromic acid processes gave cords which dissolve, some in nine, some in nineteen days. The usual (old) method had supplied the author with sutures some of which dissolved in forty-eight hours, while some remained persistent and had to be cut away on the fourteenth day. This resulted from the various degrees of decomposition in the catgut itself; it could not happen with tissues that were fresh and required no after-elaboration.

When a piece of catgut was deeply buried round a large vessel, one could not be more sure of its behaviour than one could predict the duration of sutures, nor could one deduce from the good behaviour of certain such ligatures that the particular piece supplied would act properly. For tying large vessels near the heart or lying deeply, a material whose action was more uniform, and which was therefore more reliable, was essential.

March 22nd, 1881.

ANDREW WHYTE BARCLAY, M.D., President, in the Chair.

Present—28 Fellows and 4 visitors.

Books were presented by Dr. Acland, Mr. John Birkett, Mr. A. W. Blyth, Mr. W. A. Cattlin, Mr. James R. Lane, Dr. Schettini, Dr. Heywood Smith, Dr. S. W. D. Williams, the Royal Institution, the Academy of Sciences of Amsterdam, and the Society of the Medical Sciences of Lyons.

Cecil Yates Biss, M.B., and William Hale White, M.D., were admitted Fellows of the Society.

The following communication was read:

A Case of Innominate Aneurism treated by Simultaneous Distal Ligature of the Carotid and Subclavian Arteries; with Remarks on the Behaviour of a Tendon Ligature. By C. T. DENT, F.R.C.S., Assistant-Surgeon to St. George's Hospital. (Received February 8th, 1881.)

(*Abstract.*)

The chief object of this paper was to describe the changes observed in an artery tied with a tendon ligature. The parts were examined ten days after death. The history of the case was as follows:

S. L—, an engineer, æt. 37, was admitted with an aneurism of the innominate artery, the first symptoms of which had been noticed about twelve months previously. He improved at first under rest and iodide of potassium, but then as the growth increased, the carotid and subclavian arteries were ligatured

subcutaneously by Mr. Pollock. For the carotid artery catgut was employed as well as the tendon ligature; the subclavian was secured with a flat tendon ligature only. Both arteries were healthy. The aneurism improved, but the patient had at times very severe attacks of dyspnœa and died ten days after the operation. A large ulcerated opening was found in the trachea which did not communicate with the cavity of the aneurism.

The carotid artery was dissected out and examined: the following points were observed:—A very moderate amount of lymph was effused about the tied artery, though sufficient to bury the knot of the ligature. Well-formed clots were found in the proximal and distal ends of the completely obliterated vessel.

No trace of the catgut ligature could be found. Much of the tendon ligature, where not in contact with the artery, was unaltered. The external coat of the artery was not ulcerated. This the author ascribes partly to the fact that tendon—like other animal ligatures—is capable of slight softening and swelling, and partly to the fact that new blood-vessels are early developed in parts lying close to the artery. The inner coats of the artery were ruptured.

The tendon ligature, in many of the sections, was in most close connection with the artery, and in these places was infiltrated with small, round, granulated cells, which in places split up the fibrous material into longitudinal bands. Some of the cells seem to be more elongated than others. In connection with these cells, and formed by them, were seen new blood-vessels.

Here and there it appeared possible in the sections to trace blood-vessels passing across the line of connection, extending into the artery on the one hand, and into the tendon on the other.

In conclusion, the author stated that though he did not share in the objections urged against catgut ligature, still, it seemed that tendon might furnish an animal material which would require less preparation than the carbolic or chromic catgut ligature, and which would probably be more constant in its behaviour.

April 12th, 1881.

Andrew Whyte Barclay, M.D., President, in the Chair.

Present—28 Fellows.

Books were presented by Dr. W. R. Gowers, Dr. W. Miller Ord, Mr. A. L. Rannay, from the Obstetrical Society, from the Glasgow Pathological and Clinical Society, and from the American Medical Association.

The following gentlemen were proposed for election as Fellows of the Society:—George Rice, M.B., Eustace Smith, M.D., and George Granville Bantock, M.D.

The following communications were read:

I. Case of Vascular Protrusion of the Eyeball. By Charles Higgens, F.R.C.S.E., Ophthalmic Assistant-Surgeon to Guy's Hospital. (Received February 14th, 1881.)

(*Abstract.*)

The case was that of a woman, æt. 42. The disease appeared to have arisen spontaneously and had been gradually progressing for six months. The symptoms were not very urgent but increased steadily in severity in spite of rest, low diet, ice to the head and purgatives.

Six weeks after admission the common carotid was ligatured,

with the result that a complete cure was effected, and the patient left the hospital two months later perfectly well.

The daily progress of the case was given. At one time there was hemiplegia, which entirely passed away; otherwise no dangerous symptoms arose.

A sketch of the patient's eyes, taken a week before the operation, was shown.

Abstracts of two other cases were given.

II. Nephrectomy by Lumbar Section. By **Arthur E. Barker**, F.R.C.S., Assistant-Surgeon to University College Hospital, and Assistant-Professor of Clinical Surgery in University College. (Received March 22nd, 1881.)

(*Abstract.*)

The basis of this paper was a record of two cases in which the author had recently performed nephrectomy by lumbar section for calculous pyelitis. But before considering them in detail a brief review was given of the whole question of excision of the kidney in the light of all those cases the author had been able to collect. Referring to a paper published in last year's 'Transactions' of this Society, in which he tabulated 28 cases of this operation, he pointed out that of this number 14 recovered and 14 died, but that, deducting those six cases in which the operation was performed upon a wrong diagnosis or undesignedly, there remained 13 recoveries and 9 deaths. Passing on then to the new collection, 26 in number, he showed that 12 recovered and 14 died in the gross; or, making the same deduction as above (of five cases), that 11 recovered and 10 died out of the remaining 21. Adding the latter to the 22 designed nephrectomies of last year's table, he found that out of the resulting 43, recovery took place in 24 and 19 died. Two recoveries where nephrectomy was not premeditated might further be added to these 24. The causes of death in the 28 fatal cases of the combined tables were shown to be as follows:—Peritonitis 8, shock and collapse 5, pyæmia 2, uræmia 2 (in one of these the other kidney had been destroyed by old disease; in the second it as well as the liver was found in a state of advanced fatty degeneration), wound of pleura with consequent collapse of lung 1, pulmonary thrombosis 1, hæmorrhage during operation 1, after operation 2, exhaustion of vomiting 1, œdema of lungs with marked dyspnœa 1, exhaustion from suppuration 1, unrecorded 3. Of the 9 fatal cases out of these 28 where nephrectomy was unpremeditated, 4 died of peritonitis, 1 of hæmorrhage during and 1 after operation, 1 of suppuration and exhaustion, 1 of œdema of the lungs with marked dyspnœa, and in 1 the cause is not recorded. Of the two modes of operations, *i.e.* in the lumbar region and in the linea alba, the first shows the largest proportion of recoveries; but the author regarded the mere numerical analysis of the cases as liable to mislead on this point in view of the varying nature of the conditions for which the operation was undertaken. A careful perusal of all the original records is alone to be relied upon for estimating the two methods correctly. The histories then recorded were briefly as follows:—A married woman, æt. 32, was admitted into University College Hospital on June 16th, 1880, on account of a rapidly growing tumour in the left abdomen, first noticed seven weeks before and accompanied by pain and much lassitude; the pain had existed since the patient was five years of age. The tumour on admission measured fourteen by fourteen and a half inches, was smooth and fluctuated obscurely. Diagnosis: pyonephrosis, probably due to calculus. On July 2nd the tumour was aspirated from behind and eighteen ounces of fœtid pus withdrawn. The next day it had refilled. Nephrectomy was performed on July 5th through an incision made downwards and forwards from midway between the last rib and crest of ilium for four inches. The enormously thickened capsule of the kidney was soon reached and its removal with the contained kidney attempted. After considerable loss of time and blood from the vascular and inflamed tissue, this line of action had to be abandoned on account of the extremely wide-reaching attachments of this mass of fibrous investing material. The organ itself was then sought for and was easily shelled out of its capsule with the finger and without loss of blood. The pedicle was tied with silk, not without difficulty, and the organ was cut away, after which some twigs spouted and had to be ligatured separately. The whole operation was conducted under Listerian antiseptics and lasted one hour and ten minutes. The patient died three hours after its completion of shock. The autopsy showed that it would have been next to impossible to have removed the capsular structures with the organ. They lay as a great hollow mass of fibrous tissue attached to the spine. Enucleation of the organ alone ought to have been aimed at from the beginning. No bleeding had occurred after the operation and the peritoneum was not torn.

The next case is that of a woman, æt. 38, to whom an operation for pyonephrosis calculosa had been proposed seven months before and refused. The kidney was not at that time much enlarged, though a large stone was found in it by means of an aspirator needle. Six months later the patient requested the author to re-admit her into hospital and perform any operation for her relief he might deem advisable, as she had suffered very severely in the interval and was losing ground. On re-admission she was very emaciated and bed-ridden on account of pain, the slightest movement even in bed causing much distress. On October 5th an operation was undertaken with a view to remove the stone if possible, and if not so, of excising the kidney containing it. An incision was made from the middle of the twelfth rib downwards and forwards for five inches, and the kidney rapidly exposed. An aspirator needle was then thrust into the organ and the stone struck, about two ounces of pus being withdrawn. A vertical incision was now made down to the calculus with a Paquelin's cautery knife through the cortex of the organ. The stone was very firmly fixed, and when drawn on with a forceps broke, and one half only came away. Very great difficulty being apprehended in removing the remaining half, the excision of the whole organ was determined on. Warned by the last case, the surface of the kidney itself was sought for at once as a guide to enucleation, which was consequently easy. The difficulties of clearing the pedicle, however, were insurmountable in this case, and after many attempts to clear it, it was ligatured *en masse,* the ligature including much of the kidney tissue. It was not, however, possible to draw the silk close enough to justify cutting away the organ which was therefore left *in sitû.* In clearing the lower end of the organ something was felt to give way at one spot to which it was firmly adherent, and it was suspected that the colon had been torn. The operation was completed by a Listerian dressing, having lasted one hour and twenty minutes. The patient died twelve hours later of shock.

Post mortem.—It was seen that the pedicle could not have been cleared even though the last rib had been resected, which was now done for experiment, with ease and without any damage to the pleura; also, that any endeavour to remove the organ with its investing structures would have ended in failure owing to the very extensive attachments of the latter.

The colon was found to have adhered to the kidney and to have been torn at this spot where it was soft and sloughy.

The first point brought out by these operations appears to be the necessity of removing the kidney, and it alone in such cases, and of not attempting to take away the investing structures with it. Again, the desirability of early operation before the parts around the organ, and especially the pedicle, have become converted into a mass of dense inflammatory tissue. Thirdly, the want of every kind of data bearing on this operation which either encourage or discourage its performance.

At the conclusion of the meeting Mr. Holmes exhibited an Inflating Nasal Plug, a simple instrument invented by Mr. H. C. Howard, M.R.C.S., for plugging the anterior and posterior nares in epistaxis. The directions for use are: open the stopcock, and by means of a bullet probe or director placed in the socket on the underside, pass the plug into the nose, keeping along the floor until the whole of the bag is in the nasal cavity. Connect the syringe, and inflate as much air as may be necessary to arrest the hæmorrhage, then close the stopcock and remove the syringe. Fix the tube with a piece of strapping below the ear. The plug may readily be removed by opening the stopcock and drawing gently on the tube. The instrument is manufactured by Messrs. F. Walters, of 12, Palace Road.

April 26th, 1881.

ANDREW WHYTE BARCLAY, M.D., President, in the Chair.

Present—19 Fellows and 3 visitors.

Books were presented by Dr. William Henry Day, Dr. C. Hering, Dr. Spinzig, the Royal Society of Edinburgh, and the Athenæum.

The following communications were read :

1. An unusual case of Warty Growths on the Face. By GEORGE THIN, M.D. (Received March 8th, 1881.)

(*Abstract.*)

The paper describes the case of a young, unmarried woman, æt. 21, whose face had, during the course of three years, become covered with a great number of dark brown, smooth, flat, papular growths, averaging about the twelfth of an inch in diameter. On some parts of the face these growths were so thickly set that they had coalesced into small patches. The whole face was covered, but the scalp and neck were free. They began on the chin, and gradually showed themselves on the upper part of the face. With the exception of the backs of the hands, on which they had begun to show themselves after they had existed two

years on the face, no other parts of the body were affected. They produced no symptoms, and the skin surrounding them was healthy. Their number was so great that the face was nearly as much disfigured as if it were the seat of an extensive smallpox eruption. Microscopical examination of one of the growths showed that the affection had its seat in the epidermis, and might be considered as a rare variety of warts. The papillæ were much elongated, and the inter-papillary epidermic projections correspondingly deepened and wide. The papillæ contained a considerable number of exudation cells ; there was very slight cell exudation in the superficial vessels immediately under the epidermis, and the connective tissue of the cutis was healthy. Some features in the case suggest an increase in the number of the growths by a process of auto-inoculation. None of the growths had disappeared, and they had resisted a variety of local and general treatment.

II. Second communication on Artificial Respiration in Stillborn Children: the Expansibility of various parts of the Lungs. An experimental inquiry. By Francis Henry Champneys, M.B. Oxon., F.L.S., Assistant-Lecturer on Obstetrics, and Assistant-Obstetrical Physician to St. George's Hospital. (Received March 18th, 1881.)

(*Abstract.*)

The question dealt with is "Which part of the lungs of a child which has been subjected to various methods of manipulation with the view of artificial respiration is most frequently expanded, and which most frequently unexpanded?" An answer is attempted by careful study of the lungs of children thus manipulated who have never, however, breathed. The material was furnished by 26 fœtuses, the results of the experiments having already been laid before the Society. Of these, 12 only

could be utilised for the present inquiry, all those in which direct inflation had been used being necessarily excluded. A table is given in which the first column refers to the number of the experiment, the second to the methods of manipulation employed, the third to the amount of air changed, the fourth to the conditions of the thorax as shown by dissection. An analysis is given of 36 cases selected from Schmitt's 101 cases ('Neue Versuche,' &c. Wien, 1806), and of 16 cases selected from Joerg's 19 cases ('De morbo pulmonum,' Lips, 1832; and 'Die Fötuslunge, Grimma,' 1835). The results of this analysis are stated as follows:

In children which have died soon after birth:

1. The right lung is usually better expanded than the left.
2. The anterior surfaces than the posterior.
3. The lower lobes are the parts most often unexpanded.
4. The right middle lobe is usually well expanded.
5. The part of the left lung corresponding to the right middle lobe is often better expanded than the rest of the left lung. When the right middle lobe, on the other hand, is ill expanded, the corresponding part of the left lung is often unexpanded also.

It is remarkable that in children who have breathed naturally, the bases are so often unexpanded; this seems to correspond with the fact that the characteristic of feeble breathing in infants is feeble descent of the abdominal viscera, betokening feeble descent of the diaphragm.

The author concludes from his experiments that in children which have been manipulated by the various efficient methods of artificial respiration—

1. The right lung is more usually expanded than the left.
2. The anterior surfaces than the posterior.
3. The apices of the upper lobes are often unexpanded.
4. The anterior inferior borders the same.
5. One of the places of selection for atelectasis is a strip running vertically along the angles of the ribs on each side of the spine.
6. The patches of expansion or atelectasis, when considerable, are not confined to lobes nor bounded by fissures.

7. The last circumstance is not due to obstruction of the bronchi.

8. The spots of predilection for expansion or atelectasis underlie the regions of greatest and least movement of the chest walls

At the end of the meeting Mr. Clement Lucas showed a case (living specimen) of Desquamative Circinated Syphilide of the Tongue.

The patient, a female child, aged three months, was suffering from a syphilitic affection of the tongue which caused shedding of the epithelium in circular patches, and was unattended with ulceration. The mother had been married two years, and about four months after marriage suffered from an eruption on the skin, loss of hair, and ulcerated throat. Six months and fourteen days after marriage she gave birth to a child which suffered severely from an eruption on its buttocks and died at the age of seven weeks.

The patient was brought to see Mr. Lucas, as an out-patient, at the Evelina Hospital for Sick Children, on Wednesday, April 13th, 1881. It was then ten weeks old and was suffering from an extensive syphilitic eruption over the buttocks and perineum, and scattered patches of squamous syphilide about the extremities and trunk. The eruption on the buttocks was for the most part browny, copper-coloured, and tending to desquamate; but here and there were deep pits where ulceration had taken place and was still extending.

The mother had noticed for a week or two something the matter with the child's tongue. On examining this organ carefully the surface was noticed to be coated with white epithelium, which brought out in strong contrast two small circles of a bright red colour. The anterior of these circles was about a quarter of an inch in diameter and situated near the tip, the other was about two lines in diameter and situated rather far back, a little to the right of the median line. The circles showed the papillæ as brilliant red points denuded of epithelium. When exhibited before the Society on April 26th, the anterior patch had extended so as to include the tip, and was paler in the centre than at the spreading edge. The posterior circle had also grown larger, and the intervening surface remained coated with fur. Meanwhile the child's general health had greatly improved under the influence of grey powders, and the eruption over the buttocks had almost disappeared. The father of the child was also present at the meeting, and was suffering from slight superficial ulceration on the edge of his tongue, which had recurred from time to time since he acquired the disease three years before.

Attention has lately been directed to this affection of the tongue by M. Parrot in the 'Progrès Médical,' No. 11; and an article appeared in the 'Medical Times and Gazette' of April 23rd, 1881, which commented upon M. Parrot's lecture.

May 10*th*, 1881.

ANDREW WHYTE BARCLAY, M.D., President, in the Chair.

Present—26 Fellows.

Books were presented by Dr. Allchin, Dr. A. Hughes Bennett, Mr. McHardy, Mr. L. D. Mason, the India Office, the Royal Society of South Australia, and the Mitchell Library of Glasgow.

The following gentlemen were admitted Fellows of the Society:—Henry Appleton, M.D. (Staines), Clement Lucas, F.R.C.S., and A. W. Macfarlane, M.D. (Kilmarnock).

The President stated that the author of the paper which had been sent in and arranged for reading and discussion, had telegraphed to say that he was unable to attend the meeting of the Society that evening, and to request that the reading might be postponed. This request the Council had granted, and the paper would consequently be read at the next meeting, when the author was present. Meanwhile from divers causes, principally perhaps from the reserve of contributions for the forthcoming International Medical Congress, there were no papers on hand for reading at the meeting, and he was therefore obliged to adjourn it to Tuesday the 24th instant.

May 24th, 1881.

ANDREW WHYTE BARCLAY, M.D., President, in the Chair.

Present—29 Fellows and 2 visitors.

The minutes of the previous meeting were read and confirmed.

Books were presented by Dr. Sydney Coupland, Dr. Horace Dobell, Mr. Weir Mitchell, Dr. E. C. Séguin, Dr. F. Warner, and from the Astor Library.

The following communications were read:

I. Three Cases of Hepatotomy. By LAWSON TAIT, F.R.C.S., Surgeon to the Birmingham Hospital for Women. (Received May 8th, 1881.)

(*Abstract.*)

This paper contained the narration of three cases in which the author performed operations on the liver similar to those in two cases already read before the Society. Abdominal section was performed in all three; the liver was found not to be adherent to the parietes in any of them. The contents of the tumours were removed, and the edges of the wounds in the liver were stitched by continuous suture to the edges of the wounds in the abdominal wall, and drainage tubes were fastened in. Two of the cases were operated upon for hydatids of the liver, and the other for a large cystic abscess, enclosing a loose piece of liver tissue, weighing about an ounce, and which had apparently been a slough. All three patients made good recoveries, and were, at the date of the paper, in perfect health.

II. Removal of the Uterine Appendages for the arrest of Uterine Hæmorrhage. By Lawson Tait, F.R.C.S., Surgeon to the Birmingham Hospital for Women. (Received May 22nd, 1881.)

(*Abstract.*)

The author commenced his paper by referring to the use of the statistical method in testing the real value of operations, and specially instanced Ovariotomy as one which would not have obtained the complete acceptance it had received had not the careful statistical method of Mr. Spencer Wells shown that its results could be favorably compared with those of every other major operation in surgery. Mr. Lawson Tait wished to lay his experience in another portion of the department of abdominal surgery before the Society in order to obtain its decision as a guide for the future for himself and others. After protracted trials of drugs for the arrest of uterine hæmorrhage, he had come to the conclusion that all were absolutely without effect save ergot and two salts of potash, the chlorate and the bromide, and these were by no means uniformly successful in giving permanent relief. In all the cases he had to relate these drugs had been fully tried before the question of operation was discussed. He had entitled his paper "The Removal of the Uterine Appen-

dages," because his experience seemed to show that the removal of the ovaries was not a certain method of arresting menstruation, while removal of the tubes as well seemed to be so. The author then related thirty-one cases, of which four were fatal, twenty-seven recovering from the operation. A summary table was appended to the paper, which was a complete list of the operations and results. The author summed up with the following conclusions, which he considered might be legitimately drawn from them:

1. That as far as its primary results are concerned, removal of the uterine appendages for the arrest of intractable uterine hæmorrhage, is an operation which is quite as easily justified as any of the major operations of surgery.

2. That so far as its secondary results are yet known, it is an operation which yields an abundant encouragement for its further trial.

As conclusions which are indicated but not wholly proved, the author suggests that removal of the ovaries alone is not sufficient to arrest menstruation, but that removal of both tubes and ovaries does at once arrest it. So far as some of these cases have gone the arrest would seem to be permanent. This conclusion is quite in harmony with what is known of removal of both ovaries for large cystomata, for in such cases the tubes are almost uniformly included in the clamp or ligature. Three, at least, of the cases, and probably two others, show that the arrest of menstruation by this means leads, or may lead, to the atrophy of the tumour.

Again, there is some close connection—here pointed out for the first time, and worthy of very close study—between uterine myoma, and its accompanying hæmorrhages, and cystic disease of the ovaries. It is true that in three of the cases the cystic disease seemed to be the cause of the hæmorrhage without any myoma intervening.

One other conclusion is justifiable that the whole subject is worthy of careful study, and should not be made the subject of premature and hostile conclusions.

No.	Name.	Residence.	Medical attendant.	Age.	Married or single.	Disease.	Operation.	Date.	Hospital.	Private.	Recovery.	Death.	Result.	Remarks
1	E. T.	Birmingham	Dr. Raper	41	S.	Cystoma	Removed left ovary	22, iv, '73	...	P.	R.		Complete cure.	
2	E. C.	Stourbridge	Mr. F. Giles	40	M.	Myoma	Removed both ovaries	22, v, '73	...	P.	R.	...	"	
3	E. R.	Birmingham	Mr. Geo. Smith	41	M.	Cystoma	Removed right ovary	9, ix, '73	...	P.	R.	...	"	
4	N. G.	Wakefield	Mr. H. Horsfall	44	M.	Myoma	Removed both ovaries	25, xii, '78	.	P.	.	D.		
5	N. C.	Birmingham	L. T.	38	M.	"	"	14, iii, '74	H.	...		D.		
6	E. F.	Wellington, Somerset	Dr. Meredith	21	S.	Cystoma and perioophoritis	"	8, viii, '79	H.	...	R.	.	"	
*7	C. S.	Bilston	Dr. Larkin	41	S.	Myoma	"	28, viii, '79	...	P.	...	D.		
*8	A. M.	Leamington	Dr. Tomkins	47	M.	"	"	18, x, '79	...	P.	R.	.	"	Ovaries cystic.
9	E. T.	Cannock	Dr. Tylecote	52	M.	"	"	30, xi, '79	...	P.	R.	...	"	
*10	A. H.	Walsall	Mr. John Clay	34	M.	"	"	13, i, '80	H.	. .	R.	...	"	"
*11	E. W.	Southport	Dr. Elias	48	S.	" (?)	"	17, i, '80	H.	...	R.	.	Died of cancer	"
12	C. S.	West Bromwich	Dr. Sansome	22	M.	Ovaritis	"	9, ii, '80	...	P.	R.	...	Complete cure.	
13	R. W.	Northampton	Dr. Graily Hewitt	36	S.	"	"	26, ii, '80	...	P.	R.	...	"	
14	E. C.	Southwell	Mr. C. Calvert	52	S.	Myoma	"	10, iii, '80	...	P.	R.	...	"	
15	S. E.	Leicester	Dr. Clifton	42	S.	"	"	7, iv, '80	...	P.	R.	...	"	"
16	M. L. T.	Birmingham	Mr. D. W. Crompton	33	M.	Ovaritis	"	9, iv, '80	...	P.	R.	...	Great improvement.	
*17	J. H.	Chasetown	Dr. Clarke	39	M.	Myoma	"	22, iv, '80	H.	...	R.	...	Complete cure	"
*18	M. H.	Solihull	Dr. Insall	46	S.	"	"	8, v, '80	H.	...	R.	...	"	"

19	B. T.	Hanley	Dr. C. H. Phillips	37	M.	Cysts of Fallopian tubes	„	3, viii, '80	...	P.	R.	...	Great improvement	Ovaries cystic and tubes adherent.
*20	. H.	Malvern	Dr. Pike	29	M.	Cystoma	„	6, viii, '80	...	P.	R.	...	Complete cure	Ovaries cystic.
*21	H. T.	Wednesbury	Dr. Sutton	28	M.	Cirrhosis of ovaries	„	10, viii, '80	H.	...	R.	...	„	Tubes adherent.
*22	M. H.	Birmingham	Dr. Drummond	49	M.	Myoma	„	17, viii, '80	H.	...	R.	...	Great improvement	
23	E. P.	Coventry	Dr. Fenton	47	M.	„	„	1, ix, '80	H.	...	R.	...	Complete arrest	Ovaries cystic
24	M. B.	Chasetown	Dr. Horton	39	M.	Cystoma	„	10, ix, '80	H.	...	R.	...	„	„
25	A. B.	Bloxwich	Dr. Somerville	35	M.	Myoma	„	26, x, '80	...	P.	R.	...	„	„
*26	E. H.	Bradninch, Devon	Dr. Stephenson	42	M.	„	„	16, xi, '80	H.	...	...	D.		
*27	E. G.	Birmingham	Dr. Taylor	44	S.	„	„	18, xii, '80	H.	...	R.	...	„	„
*28	S. P.	Coventry	Dr. Plowman	32	M.	„	„	13, i, '81	H.	...	R.	...	„	
*29	S. S.	Birmingham	Dr. Kenny	43	M.	„	„	12, ii, '81	H.	...	R.	...	„	„
30	A. W.	Darlaston	Dr. Sutton	34	S.	„	„	20, iv, '81	...	P.	R.	...		
31	A. W.	Wotton-under-Edge	Dr. Forty	25	S.	Cystoma	„	2, iii, '81	...	P.	R.	...	Arrest so far	„

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* The 13 Cases marked thus had the spray and some other Listerian details, and as they include one of the two deaths in the recent series (25 in number), it is clear that they have had no influence one way or the other in the results.

June 14th, 1881.

TIMOTHY HOLMES, F.R.C.S., Vice-President, in the Chair.

Present—46 Fellows and 14 visitors.

Books were presented by Dr. M. Balding, Mr. B. E. Brodhurst, Mr. T. B. Curling, Dr. Colcott Fox, Mr. Luther Holden, Mr. C. Macnamara, Dr. E. C. Séguin, Dr. Felix Semon, the Registrar-General, the Local Government Board, the Zoological Society, University College Hospital, Bethlehem Hospital, and the Smithsonian Institution.

The following gentlemen were elected Fellows of the Society:—Henry Barnes, M.D. (Carlisle), Thomas Fred. Chavasse, M.D. (Birmingham), George Rice, M.B. (Plumstead), and Eustace Smith, M.D.

The following communications were read:

I. A Case of Urticaria Tuberosa, with Unusual Symptoms. By WM. MORRANT BAKER, F.R.C.S., Assistant-Surgeon to St. Bartholomew's Hospital, and Senior Surgeon to the Evelina Hospital for Sick Children. (Received May 17th, 1881.)

(*Abstract.*)

The case related is that of a man, æt. 33, who had suffered from a peculiar disease of the skin for about two years, and for nearly a year had been under the care of the author at St.

Bartholomew's Hospital, both in the out-patient department for diseases of the skin and as an in-patient. The general symptoms from which the patient suffered were those of factitious urticaria, to which were added those of so-called urticaria tuberosa. The most peculiar feature of the case, however, and one which in the author's experience was unique, was the presence of persistant yellowish-red tubercles in various parts of the body, which proceeded to ulceration; the parts most affected being the knuckles, elbows, and ears. These tubercles are said to have begun in a manner similar to that which characterised the onset of the evanescent urticaria wheals and tubercles. The patient's general health was good, and he had not suffered from syphilis or other serious malady. Under the influence of treatment as an in-patient the disease became rapidly better, but soon relapsed when the patient left the hospital. The author considers briefly the doubtful relationship of the disease to others less rare which in some respects resemble it, and comes to the conclusion that the case is one of so-called urticaria tuberosa, and that the persistency of some of the tubercles and their ulceration may be due in part to the unfavorable circumstances in which the patient was placed on account of the loss of his occupation. A drawing of the case was shown.

II. Treatment of Simple Fracture and Dislocation of the Bones of the Leg and Foot by the immediate application of Plaster-of-Paris Splints (lateral). By JOHN CROFT, F.R.C.S., Surgeon to St. Thomas's Hospital. (Received June 6th, 1881.)

(*Abstract.*)

Opportunity was taken by this paper and demonstration first to reaffirm that it is not only safe but beneficial to apply plaster-of-Paris in the form of lateral splints immediately for simple fractures of the bones of the leg and foot; secondly, to demonstrate the particular method of applying these splints, and how quickly and easily they may be put on; and, thirdly, to elicit observations on the practice at the various hospitals with regard to the immediate treatment of fractures of the leg and foot. The author's experience, of five years' duration, is decidedly in favour of covering the injured or swollen part immediately; only the most severe cases of contusion and subcutaneous laceration are excepted. The special advantages claimed for these splints, as made and used for the author at St. Thomas's Hospital, are uniform pressure, complete fixation of the broken bones and injured muscles, perfect adaptation to the limbs and maintenance of extension, diminution of risks of pressure-sores, pains, or excoriations, and of delayed union; or facilities for quick removal and reapplication, comfort to the patient, freedom of movement to the patient, simplicity and cheapness, economy of time and trouble.

The author desires to popularise the use of these splints because he has found them, during five years' constant experience, of great benefit to patients, surgeons, and attendants.

III. On the Pathology of Acute Periostitis. By CLINTON THOMAS DENT, F.R.C.S., Assistant-Surgeon to St. George's Hospital. (Received May 24th, 1881.)

(*Abstract.*)

Good evidence that the pathology of this disease has been matter for different opinions is afforded by its varied nomenclature. According to the several views held of it by various pathologists, it has received the name of acute periostitis, osteomyelitis (Billroth), *périostite phlegmoneuse* (Giraldès), *ostéite phlegmoneuse diffuse* (Cornil and Ranvier), *abcès sous-périostique aigu* (Chassaignac), &c. The exact relation which acute periostitis and osteomyelitis bear to each other, their relation to the articular affection which so often precedes, sometimes accompanies, and occasionally follows their occurrence, and their effects with regard to the extent of necrosis, are all points which have for long been matters of dispute. Among French surgeons the view is very generally held that total necrosis of the shaft will not take place as a sequel of acute periostitis alone, but that osteomyelitis must have coexisted. German surgeons have also adopted the same conclusion, almost unreservedly. The difference of opinion on this point between the Continental surgeons and those in this country—a difference which is less than it might appear at first sight—can be well estimated by a critical *résumé* in the 'London Medical Record,' 1876, by Mr. Holmes, on the subperiosteal removal of the entire diaphysis of the bone for diffuse phlegmonous periostitis. From his remarks it may be gathered that there are some, at any rate, who do not hold the opinion that osteomyelitis need necessarily accompany acute periostitis. Further, that where there has been no osteomyelitis but only acute periostitis, it may yet be necessary and proper to remove subperiosteally the entire shaft of the bone.

Considerable difference of opinion prevails with regard to the exact tissue where the changes commence in acute periostitis. The majority of English writers appear to hold that the affection commences in the deeper or osteogenetic layer of the periosteum, and that the suppuration raises up the tendinous periosteum, thus leading to the denudation and necrosis of the bone. The view that acute spontaneous osteomyelitis is an affection of common occurrence is not here generally entertained. The term "*abcès sous-périostique aigu*," employed by Chassaignac in writing of that affection, signifies partial agreement with the opinion that acute periostitis begins beneath the periosteum, as described by Crampton in 1817. Cornil and Ranvier state that the disease consists principally in diffuse suppuration, which may have its seat in any part of the bone, beneath the periosteum, in the superficial layers, in the substance of the bone, beneath the bone, or in the central medulla; which is tantamount to saying that there are no means of distinguishing clinically between osteomyelitis and acute periostitis. Billroth and other German surgeons and pathologists go much further, and express very decided views on this affection. Billroth holds that acute periostitis commences as an inflammation in the outer cellular layers of the periosteum; he says that the fibrous periosteum is destroyed by suppuration, and that thus the bone becomes exposed; extension inwards of the inflammation may lead to osteomyelitis. At the same time, the description of many of his cases would lead one to infer that acute osteomyelitis, spontaneously arising, is not of very uncommon occurrence.* Whitlow (panaritium periostale) is described by him as acute spontaneous osteomyelitis. He goes on to say that if it be denied that the loose outer layer of the periosteum constitutes part of that membrane, but is to be looked upon as the intermuscular cellular tissue, then there is no such thing as acute periostitis, for the tendinous part of the periosteum is as little liable to primary imflammation as the fasciæ or tendons.

With regard to the pathology of panaritium periostale, it appeared to the author that the older view is much more correct, viz. that from some slight injury, often from no apparent cause, inflammation of the cellular tissue, tending to become diffuse, commences in the pulp of the finger; owing to the close connection existing between all the tissues of this part from the skin to the bone, and the unyielding nature of these tissues, necrosis of the whole phalanx readily results. That the affection should begin as osteomyelitis is *primâ facie* most improbable; that osteomyelitis should follow is not unnatural. At the same time, the author does not think there is sufficient reason for supposing that osteo-myelitis need necessarily be present for entire necrosis of the phalanx to take place.

In panaritium periostale, then, the view that the outer layer of the periosteum, *i.e.* the pulp of the finger, is primarily affected, would seem to support the view that the same may obtain elsewhere; but the anatomy of the periosteum in other parts, say over the inner surface of the tibia, is totally different. Microscopical observation would seem to show that, in some cases at least, the inflammation distinctly commences beneath the periosteum, and again, that the characteristic effects of this disease may result without the occurrence of any osteomyelitis.

A boy, æt. 13, had acute periostitis of the tibia, for which he was admitted into St. George's Hospital. Incisions were made, and the bone found exposed. Ultimately, the thigh was amputated. The author removed a small piece of the thickened, softened layer next to the tibia, taking it from over the inner surface of the bone, where there were no overlying muscles, and examined it microscopically. On the side next the bone was seen a uniformly thick layer of small cells; above this a distinct layer of the fibrous periosteum, in one part of which commencing formation of new bone could be plainly made out. External to this, in the parts overlying the fibrous layer, were evidences of extensive inflammation. The whole part was enormously vascular. In this case it may be noted that the inflammation was further advanced beneath the periosteum, where completely formed pus was found, than it was in the outer cellular layer where the parts were merely infiltrated. In this case careful examination failed to show the slightest trace of inflammation of the medulla, or of the substance of the bone itself. Examination of the medulla indeed, showed changes more characteristic of breaking down, disintegration and necrosis of that tissue, than of actual acute inflammation or the sequelæ thereof. The fat cells were indistinct, granular, and breaking down; the whole specimen resembled medulla taken from the bone after decomposition had set in. As the specimen was taken from an amputated limb, properly preserved from the first, the decomposition must have taken place before the operation, and is no doubt due to the cutting off of the vascular supply owing to the periosteal affection.

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* In writing on diseases of bone in the upper extremity he states that as a primary affection it is rare, save in the form of whitlow.

The other specimens shown were taken from a man, æt. 21, in whom the disease first showed itself as an acute imflammation of the knee-joint. Subsequently, acute periostitis of the lower third of the femur became evident and the thigh eventually was amputated. Here again, the inflammatory changes were chiefly seen in the deeper layer; the periosteum was thickened, infiltrated and vascular, the inflammation was more advanced in the inner than in the outer layers. The changes had extended outwards and were chiefly seen around and about the smaller blood-vessels.

In yet another case, that of a girl, æt. 15, who died nine days after admission into the hospital with acute periostitis of the tibia, probably on the 13th day of the disease, and in whom the whole shaft of the bone was evidently necrosed, there was no extensive osteomyelitis. At one point there was slight disintegration of the medulla, and a little pus, also over a very small extent of the bone the compact tissue was inflamed; but in this case this osteomyelitis could scarcely have been other than secondary to the periostitis, nor could this little localised patch of osteomyelitis have determined the total necrosis of the shaft.

To sum up, acute inflammation may occur immediately external to the periosteum, and possibly lead to the destruction of the membrane and exposure of the bone, unless relieved by timely treatment. Such abscess may be connected with affections of the contiguous joints. Acute periostitis may, and usually does, begin in the deeper osteogenetic layer of the periosteum, by inflammation and exudation around the vessels; the periosteum will become partly detached and lifted up from the bone by the exudation, and in parts it will be destroyed. This may lead to exfoliation or to more extensive necrosis, but it is not necessarily associated with osteomyelitis, even though all the train of symptoms, so frequently seen, be present. Acute primary osteomyelitis is a disease of rare occurrence.

Mr. Clement Lucas showed a Case of Aneurism by Anastomosis of the Face and Orbit.

Mr. C. T. Dent showed a Case of Congenital Nævoid Condition of Lower Extremity in a Child Seven Months Old.

The child was first seen 4th January, 1881, when two months old. The measurements were then as follows:

R. Greatest circumference of calf 8½ in.; thigh 11 in.

L. Greatest circumference of calf 5¾; thigh 8 in.

Temperature. Right leg 97·2° F.; left leg 96·4° F.

No treatment was adopted.

About the end of April, 1881, there was considerable hæmorrhage from the superficial nævus on the thigh, owing to the giving way of some small varicose knots. This was arrested by the actual cautery and has not recurred since.

On June 7th, 1881, the measurements were as follows:

R. Greatest circumference of calf 9½ in.; thigh 12. Increase of one inch in both measurements since 4th January.

L. Greatest circumference of calf 6½ in.; increase of ¾ in. Thigh 8½; increase of ½ in. since 4th January.

Temperature. Right leg, 97·5° F.; Left leg, 96·4° F.

PROCEEDINGS

OF

THE ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

October 25th, 1881.

ANDREW WHYTE BARCLAY, M.D., F.R.C.P., President, in the Chair.

Present—52 Fellows and 3 visitors.

Books were presented by Dr. J. S. Billings, Mr. John Birkett, Dr. Samuel Crompton, Mr. A. J. Frost, Dr. W. R. Gowers, Mr. Warrington Haward, Mr. Berkeley Hill, Mr. Furneaux Jordan, Dr. C. Kelly, Dr. E. Lancereaux, Sir Wm. Mac Cormac, Dr. T. J. Maclagan, Dr. Norman Moore, Dr. Wm. Murrell, Dr. E. Parona, Mr. Alex. Ramsay, Mr. E. Saunders, Dr. E. C. Séguin, Dr. George Thin, Dr. F. Willard, Mr. C. E. Wing, and Mr. J. M. Winn; also from University College, the Registrar of University College Hospital, the Royal College of Surgeons, the Royal College of Surgeons in Ireland, the India Office, the Army Medical Department, the Literary and Philosophical Society of Liverpool, the University of Brussels, the Royal Bavarian Academy, and the American Gynæcological Society.

The following gentlemen were proposed for election as Fellows of the Society:—John Walton Browne, M.D., M.R.C.S. (Belfast), Oswald A. Browne, M.A., M.R.C.S. (St. Bartholomew's Hospital), and Walter Whitehead, F.R.C.S. Ed. (Manchester).

The President placed a copy of the new volume of the 'Transactions,' vol. lxiv, before the meeting.

The following communications were read:

I. On Gangrenous Eruptions in connection with Chicken-Pox and Vaccination. By Jonathan Hutchinson, F.R.C.S., Senior Surgeon to the London Hospital and to the Hospital for Skin Diseases; Consulting Surgeon to Moorfields Hospital. (Received October 7th, 1881.)

(*Abstract.*)

The paper commenced with a narration of the details of a case which had been briefly brought before the Society two years ago. A child, in perfect health, was vaccinated with several others from the arm of a healthy infant. None of the other children suffered. In this child nothing unusual happened to the vaccination vesicles, which ran their course naturally. On the eighth day after vaccination, however, an eruption came out on the body and limbs, which three days later was diagnosed by the vaccinator as variola. Some of the spots had at this time become dusky and threatened to slough, and afterwards gangrene attacked

large numbers of them. Between the eleventh day and the twenty-first day no surgeon saw the child. It died on the latter date, and an inquest having been held the coroner requested Mr. Hutchinson to examine the body and to report on the nature of the disease. The body, which on a former occasion was shown to the Society, and of which drawings were again produced, was that of a well-grown, healthy child. It was covered with gangrenous sores, the sloughs being black, and in many instances extending into the subcutaneous cellular tissue. Some of them were as large as shillings. There were numerous smaller sores, on which no gangrene had occurred. The sores were arranged with tolerable symmetry over the scalp, face, trunk, and limbs, but the hands and feet were exempt.

A post-mortem examination by Dr. Barlow showed no disease of internal organs. The child had died from exhaustion in connection with the extensive affection of the skin.

The author stated that so far as he knew this was the first example of a gangrenous eruption following immediately upon vaccination, and that he was inclined to regard it as an instance of the vaccinia exanthem running in connection with idiosyncrasy an unusual course. Since the case was first brought before the Society, in November, 1879, another almost similar one has occurred in Dublin, and had been carefully recorded by Mr. William Stokes. By the kindness of Mr. Stokes drawings representing the condition of his patient were presented to the meeting. In this instance the patches of gangrene, although larger, were fewer in number and more superficial, and the infant, although for a time in great danger, eventually recovered.

The two cases were almost exactly parallel, excepting that in Mr. Stokes' case a much shorter interval between the vaccination and the appearance of the eruption was assigned by the mother. There were, however, great doubts as to her accuracy and truthfulness, since the medical man whom she asserted vaccinated the baby said that he had certainly not done it on the day that she alleged. The eruptions affected the same parts in the two children. In both, the hands and feet were exempt, and in neither did the vaccination spots themselves become gangrenous.

The author next proceeded to another part of the subject, the attempt to demonstrate that chicken-pox does occasionally assume a gangrenous form, and present conditions very similar to those just described in connection with the vaccinia exanthem. He had, he said, for ten years or more been in the habit of recognising a gangrenous form of varicella, and several patients suffering from it had come under his care at the Moorfields Hospital with suppurated iritis. In some cases the disease had proved fatal, but in the majority the patient recovered, with deep scars, and sometimes with great damage to the eyes. In the worst cases the eruption involved the whole thickness of the skin, and left an abruptly-margined punched-out ulcer. The author quoted from a paper published by Dr. Witley Stokes, of Dublin, in 1807, in which this malady was, he thought, clearly described. Dr. Witley Stokes said that it was well known in many parts of Ireland under the names of "the white blisters," "the eating hive," and "the burnt holes." Dr. Witley Stokes had noticed the resemblance of the disease to chicken-pox, but had attempted to diagnose between them, alleging that in chicken-pox fever always precedes the eruption, and that the pustules always dry quickly. The author of the present paper contended that neither of these distinctions would hold good, and drew attention to the fact that Dr. Witley Stokes had, like himself, observed that the eruption usually occurred in very healthy children, at its first stage was like chicken-pox, that severe inflammation of the eyes sometimes occurred, and that the worst cases ended fatally.

The final proof upon which the author relied, that the eruption was no other than a modification of varicella, was that he had seen it repeatedly occur to one child in a family, whilst several others were going through varicella in its ordinary form. For two examples of this he had recently been indebted to the kindness of his friends, Dr. Barlow and Dr. David Lees, of the Children's Hospital. Of one of these cases a drawing was shown. The author referred to some wax casts in the Guy's Hospital Museum, which he said well illustrated the condition which he had been describing. They had been named rupia escharotica, but he could have no hesitation in believing them to be examples of gangrenous varicella.

In conclusion, he urged that if the proof were accepted that in connection with idiosyncrasy in perfectly healthy children the eruption varicella might occasionally assume a severely gangrenous type, there could be but little difficulty in admitting the same possibility as regards the vaccinia exanthem. By the term *vaccinia exanthem* he intended to designate a general eruption, sometimes erythematous, sometimes lichenoid, and sometimes vesicular, which, although infrequent, is admitted by all experienced vaccinators to be occasionally seen.

It has been especially described by Mr. Ceely, and is referred to by Hebra and others. It is, of course, the analogue of the skin eruption in variola.

II. A Healthy Child suckled by a Mother inoculated with Syphilis subsequent to the birth of her Child.

By R. Clement Lucas, B.S. Lond., F.R.C.S., Assistant-Surgeon to Guy's Hospital. (Received October 14th, 1881.)

E. H—, æt. 30, was married three years ago, and has since given birth to two healthy children. The eldest, born within the first twelve months, was a strong, well-developed child, but it died of measles. The second was born on the 11th of December, 1880, and has been reared at the breast from that time. It has suffered from no illness of any kind.

During Easter week of this year the mother was inoculated by her husband with syphilis. She sought advice among my out-patients at Guy's Hospital about three months later. At that time she presented the usual secondary symptoms—condylomata, sore throat, squamous eruption, and falling off of hair. The symptoms were of a severe type, but the child, who had been suckled throughout, showed no signs of syphilitic infection. The mother's nipples were sound and well developed. I cautioned her against suckling if either nipple at any time should show signs of abrasion, but I did not think it necessary to advise weaning the child, since if ingestion of syphilitic milk were a means of communicating the virus, the infant would already have become infected.

She has continued under my care up to the present time, and has been treated with small doses of perchloride of mercury. It will be seen that there still remain large patches of circinated squamous syphilide on her arms. The infant, though it has continued to suckle during the whole of the period since its mother's infection, now six months, remains in perfect health, is well nourished, and shows no sign of syphilis.

This case is a contribution to the much-disputed point whether the milk is capable of transmitting the virus of syphilis. It is a question which must be kept altogether distinct from the transmission in the act of suckling from nipple to infant-lip or from infant-lip to nipple. This latter is chancre syphilis. It rests on abundance of evidence. Transmission in this way has given rise almost to epidemics of syphilis, and the contagiousness of the secretion from the secondary ulcers on the child's lips or the sores on a woman's nipple is indisputable.

But is the milk itself inoculable? and can it convey the virus by other channels than inoculation? Of the inoculation of the mammary secretion I know of no experiments, but clinical observers of great repute have arranged themselves on different sides when discussing the transmission of the disease by milk. Ambrose Parè wrote:—"Infants suckled by syphilitic nurses are infected by them, seeing that the milk is nothing but whitened blood, which being infected by the virus the child fed with it imbibes the same qualities." Hunter, founding his argument on ineffectual attempts at inoculation, denied that the blood was inoculable, and that any of the secretions formed from it were contagious. It has, however, since been conclusively proved that the blood is inoculable and will cause chancres; and Pelizzari found that he could inoculate syphilis with syphilitic blood-corpuscles, but not with serum. It is also generally accepted that the secondary secreting lesions are contagious, but a doubt still seems to hang over the normal secretions.

Lancereaux, in his work, refers to the divided opinions on the question of milk infection, and is inclined to cast doubt on all the cases recorded by the ancients as being such as not to exclude the possibility of contamination from secondary lesions of the nipple. He, however, quotes two more recent cases recorded by Melchior Robert, which were supposed to be conclusive evidence in favour of milk infection. Two healthy babes were put to suckle syphilitic nurses, and both acquired syphilis without there being any sores on the nipples of the nurses and without the occurrence of chancre on any part of the children's bodies. Lancereaux doubts the correctness of these records also. Lancereaux also says there is something to be desired more than is given in Cullerier's records on the other side, of five nurslings who did not become infected, though their nurses were syphilitic, inasmuch as it was not clear that the infants were not syphilised. M. Ricord's observations are, perhaps, scarcely to be trusted in this matter, since he denied the inoculation of a nurse by a syphilitic child. He says, however: "Nurses clearly affected with secondary disease have been able to suckle infants which were sent as having syphilis (but who only had some simple eruption —eczema, &c.), and never were these children, whilst under my inspection, infected."

M. Dugès has related the case of a woman affected with tubercular syphilide, who suckled for nearly five months, at the same time that she was under treatment with protoiodide of mercury, a child which presented no trace of syphilitic lesion. Commenting on this, Lancereaux says: "This case is not perfectly conclusive, and moreover it stands alone."

My case is one almost exactly similar, except that the doubt cast on Dugès's case by M. Diday does not apply, viz. that the infant took the antidote with the syphilis, for in my case the child had suckled three months after the inoculation of the mother before any treatment was commenced.

The conclusion to be drawn from my case is that the milk of a syphilised person does not infect the suckling when that milk is being transmitted through the alimentary tract. If the poison is actually contained in the milk it would appear to be not transfusable through mucous membrane, since though it might be destroyed by the gastric juice, it is scarcely likely that any secretion in the mouth, even if in sufficient quantity, would be energetic enough to cause its disintegration or destruction.

November 8*th*, 1881.

ANDREW WHYTE BARCLAY, M.D., F.R.C.P., President, in the Chair.

Present—32 Fellows and 5 visitors.

Books were presented by Dr. Arthur W. Edis, Mr. Reginald Harrison, Messrs. Berkeley Hill and Arthur Cooper, Dr. O. Sturges, Dr. Taneyhill, and from the Ophthalmological Society.

The following gentlemen were proposed for election:—G. G. Bantock, M.D., A. C. Buller, M.R.C.S., Ernest Clarke, M.R.C.S., W. Bruce Clarke, F.R.C.S., Philip J. Hensley, M.D., Henry Howard, M.B., Geo. Lindsay Johnson, M.R.C.S., Henry Edward Juler, F.R.C.S., Percy Kidd, M.B., C. B. Lockwood, M.R.C.S., Isidore I. Lyons, M.R.C.S., Jonathan Macready, F.R.C.S., Samuel Nall, M.B., Wm. Sinclair Thomson, M.D., and Dawson Williams, M.B.

The following communications were read:

I. Two Cases of Congenital "Macrostoma," accompanied by Malformation of the Auricles and by the presence of Auricular Appendages. By JOHN H. MORGAN, F.R.C.S., Assistant-Surgeon to Charing Cross

Hospital, and to the Hospital for Sick Children. (Received October 25th, 1881.)

(*Abstract.*)

Case 1.—The patient is a year old, and very small. The deformity consists of a fissure-like prolongation of the mouth downwards and backwards into the left cheek, and extending about three quarters of an inch, and involving all the thickness of the cheek. The lower maxilla is considerably smaller than normal, and the movements are not symmetrical. The external auditory meatus is larger outwardly, and placed more anteriorly than usual, and runs backwards, where it becomes narrow in front of the membrana tympani, which with the ossicula is believed to be natural. Two so-called auricular appendages are placed in a line one below the other on the cheek between the tragus and the extremity of the fissure. One similar growth exists on the right cheek, and there is a similar but less marked condition of the meatus on this side. Hearing is believed to be good. There is no history of heredity.

Case 2.—A child, aged five, delicate, presents an almost identical condition on the opposite side of the face. The mouth is prolonged into the cheek on the right side of the face, and there are two similar growths on the cheek, and the external meatus of both ears is expanded outwardly. The malformation of the lower jaw is not so evident, but is smaller than usual. Hearing is fairly good in both ears, and the child talks naturally. There is no history of heredity.

The two cases justify the observation that malformations of these parts are more frequent in females, but the only two cases hitherto described of macrostoma have not been accompanied by any deformity of the ears and their appendages. It is suggested that the deformity of the mouth is due to non-union of those parts of the first branchial arch which form the upper and lower jaw, and not to any error of formation of the oral opening, whilst the "auricular appendages" are probable aberrant remnants of the opercular skin fold of the first post-oral branchial cleft. They are much more common in all domestic animals than in man, but the author has found then in two cases lately, in neither of which was there any branchial fistula, whilst they were not present in a case of branchial fistula in front of the right sterno-mastoid in a boy.

The patients were exhibited to the Society.

II. A Successful Case of Simultaneous Ligature of the Subclavian and Carotid Arteries for Innominate Aneurism. By HENRY W. LANGLEY BROWNE, M.R.C.S., Surgeon to the West Bromwich Hospital. Communicated by LAWSON TAIT, F.R.C.S. (Received October 22nd, 1881.)

(*Abstract.*)

Suffering from the above disease in an advanced form, John A—, æt. 32, was admitted into the West Bromwich Hospital on the 29th June, 1881. The sac walls and coverings were thin and liable to rupture. There was a loud bruit over the swelling. The man was very weak and suffered intense pain in the chest. On the 11th July, 1881, the two arteries were tied with chromic catgut ligature, which Professor Lister had himself prepared; antiseptic measures were used throughout. The highest temperature was 100·6° Pulsation returned in the right temporal four days, and in the right radial nine days, after ligature, and is even yet very slight at the radial. There is much less pulsation in the tumour, which has strong thick walls. There is no bruit, nor pain. The man feels so well that he has already tried to work. The condition of the tumour, October 28th, 1881, is still one of improvement.

November 22nd, 1881.

ANDREW WHYTE BARCLAY, M.D., F.R.C.P., President, in the Chair.

Present—49 Fellows and 18 visitors.

Books were presented by Mr. George Eastes, Sir Wm. Mac Cormac, Dr. Meadows, Dr. G. V. Poore, Dr. A. Venning, Mr. Walter Whitehead, the Royal Institution, the India Office, the Secretary of the Commonwealth of Massachusetts, and the College of Physicians of Philadelphia.

The following communication was read:

Case of Excision of a Gravid Uterus, with Epithelioma of the Cervix; with remarks on the Operations of Blundell, Freund, and Porro. By T. SPENCER WELLS, F.R.C.S., Vice-President of the Royal College of Surgeons, Surgeon to the Queen's Household, and Consulting Surgeon to the Samaritan Hospital. (Received October 25th, 1881.)

(*Abstract.*)

In this case, a uterus with malignant disease of the cervix, and containing a fœtus at the sixth month, was removed through the divided abdominal wall, and the patient recovered. She was thirty-seven years old, mother of five children, six months pregnant, and her cervix uteri surrounded by a mass of epithelioma. The uterus was extirpated entirely on the 21st of October. The incision in the abdominal wall was eight inches long. The uterus

was brought out through the incision—separated from the bladder after tying the main arteries on each side—the liquor amnii and fœtus removed through the anterior uterine wall, the vaginal attachments separated all round, the uterus removed, all bleeding vessels tied, and the communication between the vagina and peritoneal cavity closed by sutures; the abdominal wound was closed in the usual way. Phenol spray and all the usual antiseptic precautions were adopted.

The various steps of the operation were described, and several modifications are suggested as improvements in future operations.

The uterus, preserved in the museum of the College of Surgeons, was shown at the meeting.

Total extirpation of the uterus both by the hypogastric and vaginal methods and by a combination of the two methods was briefly discussed.

It is believed that this is the first case on record where excision of a gravid cancerous uterus has been followed by the recovery of the patient.

Similar cases must be rare, but total extirpation of a cancerous uterus where pregnancy does not complicate the case will hereafter much more frequently become the subject of anxious consultation.

December 13*th*, 1881.

ANDREW WHYTE BARCLAY, M.D., F.R.C.P., President, in the Chair.

Present—45 Fellows and 4 visitors.

Books were presented by Mr. John Birkett, Mr. B. B. Browne, Mr. Sibley Campbell, Dr. Matthews Duncan, Mr. A. F. Eklund, Mr. Reginald Harrison, Mr. A. Jacobi, Dr. Murrell, Mr. Edwin Saunders, Dr. Hack Tuke, the Clinical Society, and University College.

Samuel Woodman, F.R.C.S., Ramsgate, was admitted a Fellow of the Society.

The following gentlemen were elected Fellows of the Society:—John Walter Browne, M.D. (Belfast), Oswald A. Browne, M.A., M.R.C.S., Audley Cecil Buller, M.R.C.S., Ernest Clarke, M.R.C.S., W. Bruce Clarke, M.B., F.R.C.S., Philip J. Hensley, M.D., Henry Howard, M.B., George Lindsay Johnson, M.R.C.S., Henry Edward Juler, F.R.C.S., Percy Kidd, M.B., M.R.C.P., C. B. Lockwood, M.R.C.S., Isidore Lyons, M.R.C.S., Jonathan F. C. H. Macready, F.R.C.S., Samuel Nall, M.B. Camb., M.R.C.P., William Sinclair Thomson, M.D., Walter Whitehead, F.R.C.S., and Dawson Williams, M.B.

The following gentlemen were proposed for election:—Surgeon-Major Frederick Charles Barker, M.D., F.R.C.S.I., Holland John Cotton, M.D., Yelverton Dawson, M.D., Laurence Humphry, M.B., Charles B. Keetley, F.R.C.S., Charles L. Roy, M.D., and George Robertson Turner, F.R.C.S.

The following communications were read:

1. A Case of Lithotomy where a Tumour of the Prostate was successfully Enucleated, with remarks on the Removal of such Growths. By Reginald Harrison, F.R.C.S., Surgeon to the Liverpool Royal Infirmary, and Lecturer on Surgery at the School of Medicine. (Received November 19th, 1881.)

(*Abstract.*)

This case is recorded as bearing upon the remedying of prostatic enlargement by means other than those commonly recognised. It was considered that a study of what, for the most part, have been regarded as accidents occurring during lithotomies might contribute to our resources in the treatment of this affection.

The patient was admitted into the Liverpool Royal Infirmary with a stone in the bladder and enlarged prostate, for which lithotomy was performed on September 5th, 1881. The stone was so large that bi-lateral section of the prostate became necessary. Though this extension of the incision gave additional room for extraction, a tumour of the prostate proved to be an additional obstacle; this was enucleated with the finger, when the stone was easily removed with the forceps. The patient made a good recovery. The tumour was about the size of a walnut, and proved to be an adenoma. The calculus was oxalate of lime and weighed two ounces and five drachms.

An analogous ease, occurring in the practice of Mr. Bickersteth, where a prostatic adenoma and a stone weighing two ounces and a half were successfully removed in a somewhat similar manner, was also recorded.

From these instances, together with others of the same kind, published by the late Sir William Fergusson, Mr. Cadge, and Mr. C. Williams, Mr. Harrison considered the following conclusions might be drawn:

First.—That lateral cystotomy may be practised in certain cases of enlarged prostate which are attended with symptoms producing great distress, with the view of exploring, and, if possible, of removing the growth.

Second.—That in all cases of cystotomy for calculus where the prostate is found to be enlarged, a careful search should be made with the finger with the view of effecting the removal of the growth, should such be found practicable.

Third.—That in determining the selection of lithotomy or lithotrity, in a case where stone in the bladder is complicated with enlargement of the prostate, that regard ahould be had to the possibility of removing both of these causes of annoyance by the one operation, namely, by lithotomy.

Further, these cases seem to indicate the best mode of removing these tumours when met with during the performance of cystotomy. It was suggested that where the third lobe was found to be enlarged and pedunculous, a simple form of écraseur might be advantageously substituted for avulsion with the finger.

II. A Case of Fibrous Polypus of the Bladder successfully Removed. By Berkeley Hill, M.B., F.R.C.S., Professor of Clinical Surgery in University College. (Received November 29th, 1881.)

(*Abstract.*)

The patient, æt. 40, had suffered from January to October with irritable bladder. The earliest symptoms were fever, with rigor, hæmaturia, and strangury. Then followed abortion at three months, diminished gravity of symptoms, and marked improvement for some months after voiding a mass of clot and phosphates; then return of the suffering, digital exploration of the bladder, and removal of polypus, with rapid recovery. The structure of polypus was mainly fibrous, but in part villous and in part resembled alveolar sarcoma. The statistics of the number of recorded successful removals of vesical tumours, are twenty-eight, with nineteen recoveries.

Mr. T. Bryant showed two preparations of prostatic tumours, removed in the operation of lithotomy, with the calculi; both patients having recovered.

January 10*th*, 1882.

Andrew Whyte Barclay, M.D., F.R.C.P., President, in the Chair.

Present—30 Fellows and 3 visitors.

Books were presented by Dr. Wilson Fox, Dr. J.

Grancher, Dr. Norman Moore, Deputy Surgeon-General W. J. Moore, Mr. Priestley Smith, the Director-General of the Medical Department of the Navy, and the Registrars of the Middlesex Hospital.

Dawson Williams, M.B., and William Sinclair Thomson, M.D., were admitted Fellows of the Society.

D. A. King, M.R.C.S., John Barclay Scriven, M.R.C.S., and Howard Henry Tooth, M.B., were proposed for election.

A letter was read from the Hon. Secretary General of the International Medical Congress presenting a commemorative medal of the Congress to the Society from the Executive Committee in recognition of the liberal manner in which the library and rooms of the Society were thrown open to the members of the Congress.

The following communication was read:

Three Cases of Tumour arising in Skin-glands of the Dog, showing the connection between Disorder of the Secretory Structure and Function and Cancerous Invasion of the Connective Tissues. By CHARLES CREIGHTON, M.D. (Received December 13th, 1881.)

(*Abstract.*)

I. The glands in the dog's skin, which were the seat of tumour formation in three cases, are not sweat glands; it is only in the sole of the foot that the ordinary glomerular sweat-glands occur in the dog. The secretion, as observed within the glands in section, is sometimes a viscid mucus-like fluid, and at other times a compact mass of large spherical cells of yellowish-brown colour and granular substance, obviously transformed epithelial cells. The convoluted glandular tube has a wide lumen, and is distinguished and always easily identified by the well-known coat of plain muscular fibres, forming a close and uniform membrane on which the epithelial cells directly rest. Glands of the same kind occur in man in the form of a lobulated patch of yellowish substance adhering to the under surface of the skin at the highest point of the axilla; it varies much in its extent, and is often wanting. A homologous gland, of a conglobate form, is found in the platypus (monotreme) under the skin at the lower end of the humerus; it was erroneously described by Meckel as a lymphatic gland. The glandular stratum of the human axilla may extend towards the pectoral region, and may become the seat of a tumour.

II. Two of the tumours from the dog's skin exemplify the infiltration of epithelial glandular products into the spaces of the connective tissue around the glands. In the appearances described and figured from these two cases, the author finds support for the doctrine of extra-glandular accumulation of solid or cellular products of the secretion, as already put forward by him for the breast. The origin of the tumours is to be referred, not to a disorder of glandular structure, but to a disorder of glandular structure–and–function.

III. The third tumour was a true cancer (scirrhus), proceeding from the same glands in the skin of the dog's back; a coil of intact glandular tube, as figured, is encountered here and there in the sections of the tumour. The cancerous element in the third tumour consists in the extension of disease to the connective tissue; the connective-tissue corpuscles are *infected* by epithelial cells in such a manner that they assume the characters of the epithelial cells from which the infecting influence issued. The epithelial cells exercise that infecting influence both in their normal position on the walls of the glandular tube, in which case the rows of cells next to the basement membrane are the first to transform themselves into the likeness of epithelium, and the same infecting influence may be exercised by those glandular cells that are carried into the spaces of the connective tissue, in which case the infection does not spread from the margin of the glandular tube outwards, but it breaks out at independent points in the stroma. The transformation of connective-tissue corpuscles into epithelial cells is described and figured in detail. A certain condition of the stroma, most usually occurring after middle life, is supposed to be favorable to the establishment of cancerous infection in an epithelial organ or part in which there has been disorder of function.

January 24th, 1882.

ANDREW WHYTE BARCLAY, M.D., F.R.C.P., President, in the Chair.

Present—26 Fellows and 4 visitors.

Books were presented by Mr. Watson Cheyne, Dr. W. R. Gowers, Mr. Luther Holden, Dr. William Ogle, Mr. Frederick Treves, the Pathological Society, the Incorporated Law Society, the Local Government Board, St. Bartholomew's Hospital, and the International Medical Congress.

Henry Howard, M.B., Jonathan Macready, F.R.C.S., and Samuel Nall, M.B., were admitted Fellows of the Society.

In accordance with the Bye-Laws, Chap. ix, Section 5, the President nominated the following Fellows as a Committee of Audit to examine the Treasurer's accounts for the year 1881 :

For the Council.	*For the Society.*
Dr. Garrod, *V.P.*	Dr. George Buchanan.
Dr. Hilton Fagge.	Dr. Samuel Fenwick.
Mr. Francis Mason.	Mr. Christopher Heath.
Mr. Alfred Willett.	Mr. Henry Power.
Dr. Reginald Thompson, *Hon. Sec.*	Dr. Samuel Hill.

The following communication was read:

On Hernia of the Ovary. By Robert Barnes, M.D., Obstetric Physician to, and Lecturer on Midwifery at, St. George's Hospital. (Received November 22nd, 1881.)

(Abstract.)

The author stated that scanty advantages had been taken of the opportunity which the ovary brought to the surface of the body offers for physiological observation. He cited in abstract some of the most marked cases of hernia of the ovary which have been published, notably those of Goucy, Pott, Desault, Lallemant and Poquet, Deneux, Neboux, Cæsar Hawkins, Oldham, Holmes Coote, Oettingen, Meadows and Lawson, Courty, Leopold, Beigel, Boinet, Rheinstadter and Raffo, and related two cases observed by himself.

The first case was admitted by him, into St. George's Hospital in 1877. Single, æt. 41; had always enjoyed good health; at 24 she sustained a rupture in the left groin and wore a truss; at 38 she observed a second swelling behind the first. The swelling and tenderness of the ovary were observed before and during the menstrual periods. Corresponding sphygmographic observations showed distinct rise of tension preceding the flow and subsiding when the flow set in. The ovary was removed; a description and illustration of it were submitted by Dr. Goodhart.

Reference was made to Dr. Chambers' case in the 'Obstetrical

Transactions,' in which bodies simulating ovaries turned out to be testicles, and after discussing the etiology of hernia of the ovary and uterus, and citing Cruveilhier's views, the author referred to the frequent complication of anomalies of development of the genital organs in association with hernia of the ovary; also with extra-uterine gestation.

He enumerated the varieties of hernia of the ovary, referring to the supposed greater frequency of inguinal hernia when the ovary is concerned, to the greater frequency of congenital hernia, the complications with intestine and epiploon, the dependence of hernia of the uterus upon pre-existing hernia of the ovary, citing Cruveilhier's theory, and the confirmatory conclusions of Puech, Deneux, and Cæsar Hawkins. The author then discussed physiological points illustrated by the observation of the herniated ovary; how the ovary swells concurrently with increased tension of the vascular system before menstruation; how the round ligaments swell. In noting the order in which the phenomena of menstruation occur, he argued, resting greatly upon sphygmographic observations, that the ovarian nisus is the *primum-mobile,* and that nervous and vascular tension, and lastly, the menstrual flow, follow.

He suggested that the recent practice of oophorectomy on Battey's principle will supply opportunities for deciding this and other questions, and proposed that sphygmographic observations should be made upon the subjects of this operation. He then discussed the diagnosis and treatment of hernia of the ovary, contending that it furnishes a legitimate motus for Battey's operation, *quo ad* this affection at least.

The paper was illustrated by sphygmographic tracings by Dr. Fancourt Barnes, by drawings of the amputated ovary by Dr. Goodhart, and by a cast of the parts by Dr. Harper.

February 14*th*, 1882.

ANDREW WHYTE BARCLAY, M.D., F.R.C.P., President, in the Chair.

Present—41 Fellows and 5 visitors.

Books were presented by Mr. Wm. Adams, Drs. L. Ageno and Torquato Beisso, Mr. E. Law Hussey, Dr. J. F. Payne, Mr. E. A. Schafer, the Royal Society, the Royal Dublin Society, the Medical Society, the Pharmaceutical Society, St. Bartholomew's Hospital, Guy's Hospital, the Dundee Free Library, and from the Prefect of the Seine.

Mr. Charles Hawkins presented to the Society the original Minute Book of the Society for the Improvement of Medical and Chirurgical Knowledge, which was established in 1783, and whose Transactions have been published in 3 vols., dated 1793—1812, the Society itself being dissolved in 1817. The volume also contained autograph letters of John Hunter, Matthew Baillie, Sir Everard Home, Sir B. C. Brodie, and Sir Charles Mansfield Clarke.

The following gentlemen were admitted Fellows of the Society:—Mr. Oswald Browne, Mr. Cecil Buller, Mr. Bruce Clarke, Dr. Hensley, Mr. G. Lindsay Johnson, Mr. Henry E. Juler, Dr. Percy Kidd, and Mr. C. B. Lockwood.

The following gentlemen were elected Fellows:—Surgeon-Major Frederick Charles Barker, M.D., F.R.C.S., Holland John Cotton, M.D., Yelverton Dawson, M.D., Laurence Humphry, M.B., Charles B. Keetley, F.R.C.S., D. A. King, M.R.C.S., Charles L. Roy, M.D., John

Barclay Scriven, M.R.C.S., Howard Henry Tooth, M.B., and George Robertson Turner, F.R.C.S.

The following gentlemen were proposed for election:—Henry Bindley, M.B. (Watford), Anthony A. Bowlby, F.R.C.S., Herbert Isambard Owen, M.B., Amand J. McC. Routh, M.B., Seymour J. Sharkey, M.B., and Charles John Smith, M.R.C.S. (Brighton).

The following communications were read:

I. The Surgical Uses of Kangaroo Tendons. By T. M. Girdlestone, F.R.C.S., Lecturer on Surgery in the University of Melbourne, Victoria. Communicated by Thomas Smith, F.R.C.S. (Received November 11th, 1881.)

(Abstract.)

The author stated his belief that for tying large vessels in their continuity the long even tendons from the tail of the kangaroo were as strong as the silk ligature, and caused no ulceration in the coats of the vessel, and had all the valuable qualities of catgut, without its defects. This tendon also makes an excellent suture, resisting the effects of purulent discharges for a long period. They have been used in Melbourne in place of silk or gut since 1877, when they were first brought before the notice of the Medical Society of Victoria. In their use in the Melbourne Hospital in the deligation of main arteries, the inner coats of a vein could be divided or not, and the ends of the ligature cut short off. A reef knot does not slip nor become loose. Where there is no suppuration the tendon coalesces with the tissues, and in suppurating wounds they are found, though softened, still to hold together at the end of eight days.

The tendons were previously immersed for some weeks in carbolic oil, and entire tendons only were used. They have been employed in ovariotomy and in vesico-vaginal fistula, and held till union took place. In plastic operations, hernia and varicocele, the tissues have readily healed over them.

A medium-sized tendon is so strong that it is difficult to break it with your hands, and it is uniformly strong in its entire length of twelve to eighteen inches. They can be hardened for use as sutures by immersion in a half per cent. solution of chromic acid, after which they can be also used as drains for wounds.

In their preparation they should not be removed from the tail *en masse*, but one at a time without force, as if split longitudinally they cannot be relied on, and should not be used. Every diameter that is required is attainable, so that there is no occasion for splitting, neither should two or more tendons be twisted together, as it destroys their flattened form.

On removal from the recently killed animal they should be cleaned in water, and afterwards in a carbolic acid solution, and then dried, and can be so preserved, or in 5 per cent. carbolic oil, as most convenient, to be again steeped in a watery solution of carbolic acid before use. The tendons can easily be obtained.

II. Notes on Two Cases of Unreduced and on Two Cases of Reduced Dislocation of the Hip. By Henry Morris, M.A., M.B., Surgeon to, and Lecturer on Anatomy at, the Middlesex Hospital. (Received January 20th, 1882.)

(*Abstract.*)

In Case 1 an impacted fracture of the neck of the thigh bone occurred in an old man, who had for years had an unreduced dorsal dislocation of the same hip.

Under examination the impaction was broken down and the limb brought straight, and therefore into a much better position

than it was prior to the second accident. Union of the fracture followed with the two limbs parallel. It is suggested—(1) that in certain cases of unreduced dislocation, subcutaneous division of the neck of the bone should be performed with a view to correct the more extreme inconveniences of the dislocation; (2) and that in all irreducible dislocations with fracture of the neck or shaft of the thigh-bone the fracture should be so set as to get parallelism of the limbs by causing the fragments to unite at an angle.

Case 2 is an unreduced dorsal dislocation with fracture of the rim of the acetabulum in a young and active man. The dislocation is of fourteen months' standing, and was caused by a fall from a height during a walk in a state of somnambulism. At first the symptoms of dorsal dislocation were absent, and it was thought the trochanter major was fractured and slightly displaced upwards and outwards, but whilst lying in bed the limb gradually shortened, and at the end of ten weeks had assumed the characteristic signs of dorsal dislocation. The feature of interest is the marvellous mobility of the unreduced limb, which is capable of every form of movement common to a ball-and-socket joint, and to an almost perfect degree.

It is suggested that this freedom of movement, whilst in large part due to the activity and perseverance of the patient, is also largely the result of the dislocation being direct, the result of previous fracture of the acetabulum.

The head of the femur thus rests upon the bone of the pelvis, and is strapped down and steadied by the rotator muscles, whilst the neck is not wound round the capsular ligament, as in the case of indirect dorsal dislocations, in which the head of the bone mounts over the rotator muscles so as to have them between it and the dorsum ilii. The case shows how a dislocation may insidiously follow fracture of the rim of the acetabulum by the mere continued traction of muscular action.

Case 3 is a thyroid dislocation reduced by manipulation after having been converted into a dorsal dislocation. The peculiarity (as it must be called if the text-books are correct) of the case is the shortening of the limb one and a quarter inch; but probably in all obturator luxations the lengthening is only apparent and due to the extreme tilting of the pelvis.

Case 4.—This is a dorsal luxation of the ordinary type and reduced by manipulation in the ordinary way. The head of the bone during reduction could be plainly felt traversing its way to the lower edge of the acetabulum, *i.e.* retracing the course along which it was displaced.

This case and Case 3, in which the thyroid was converted very easily in a dorsal dislocation, and, indeed, all cases of pubic and thyroid luxations which are changed into posterior luxations, afford additional arguments in support of the views previously published of the author, viz. that in all the ordinary dislocations backwards without fracture, whether they are spoken of as "dorsal" and "ischiatic," or, as Bigelow styles them, "dorsal above," and "dorsal below the obturator tendon," the femur leaves the acetabulum through a rupture of the thin part of the capsule and below the internal obturator tendon; that herein we have the *rationale* of the success of the method of reduction by manipulation; and that posterior as well as anterior dislocations occur whilst the limb is *ab*ducted. The chief museums of England, Ireland, and France have been searched for specimens of hip dislocation, with this result, that there is not a single example of simple, uncomplicated, *direct posterior dislocation above the obturator internus,* but many of secondary dorsal and sciatic luxation; that is, luxations in which the head of the bone having left the socket below the obturator internus muscle had ridden upwards over it into its new position. Special reference is made to Mac Cormac's case in St. Thomas's Hospital Museum, and a diagram of it is shown.

At the end of the meeting Mr. John Marshall exhibited a Dissection of the Front of the Thorax of an Adult prepared for him by Mr. J. Stanley Boyd, M.B., showing the arrangement of the muscles at and over the fifth intercostal space, just below the mammary gland, for the purpose of demonstrating the thinness of the chest wall and the comparatively unprotected condition of the pleura at that part of the space, and of explaining thereby the great frequency with which general empyemas perforating spontaneously open in that situation.

February 28th, 1882.

ANDREW WHYTE BARCLAY, M.D., F.R.C.P., President, in the Chair.

Present—12 Fellows and 8 visitors.

Books were presented by Mr. James Adams, Mr. George Viner Ellis, Mr. T. W. Nunn, Dr. F. H. Guillemard, and from Glasgow University.

Ernest Clarke, M.R.C.S., and Isidore Lyons, M.R.C.S., were admitted Fellows of the Society.

The following communications were read:

I. Third Communication on Artificial Respiration in Stillborn Children; Mediastinal Emphysema and Pneumothorax in connection with Tracheotomy: an experimental Inquiry. By FRANCIS HENRY CHAMPNEYS, M.A., M.B. Oxon., M.R.C.P.. F.L.S., Assistant-Lecturer on Obstetrics, &c., and Assistant Obstetric Physician to St. George's Hospital. (Received December 21st, 1881.)

(*Abstract.*)

The observations were made on twenty-six stillborn children who had never breathed, the subjects of experiments with regard to artificial respiration (' Med.-Chir. Trans.' vol. lxiv, 1881.)

The method of experiment consisted in connecting a tube filled with water, by means of a flexible tube, to a canula tied

into the trachea, and using the various manipulative methods of artificial respiration. In one case the tube was filled with mercury.

A table is given showing the methods employed, the maximum inspiratory effect produced (in inches of water measured in the V-tube), and the autopsy. The subjects available for the inquiry were twenty-one in number.

Mediastinal emphysema occurred in seven or one third of the whole number. Pneumothorax occurred in five out of these seven cases, but in no other. In three cases it was found in the right pleural sac, in one into the left, in one into both. In no case did the rupture occur into the better expanded side of the chest.

Coloured injection was found to be drawn from the region of the wound down to the trachea (left unopened) into the anterior mediastinum. The explanation offered is that in case of obstruction of the air passages (as by the weight of a column of fluid) the air follows the route of least resistance. If rupture occurs from the mediastinum into the pleural sac, the less expanded side is the side usually chosen. It is, however, pointed out that a thickened pleura overlying a less expanded lung might determine rupture into the other or better expanded pleura.

Mediastinal emphysema was shown to have specially followed Schultze's method of artificial respiration, which is sudden in its action, and reference on this point was made to autopsies after tracheotomy at St. Bartholomew's and the Children's Hospitals. Pneumo-thorax is shown to be a secondary consequence of mediastinal emphysema. Emphysema of the neck is shown to be due to opposite conditions, but these observations probably explain its occurrence during labour.

Practical conclusions.

1. Emphysema of the anterior mediastinum occurs in a certain number of tracheotomies.

2. It is often associated with pneumothorax, to which it stands in causal relation, and pneumothorax may be the cause of death after tracheotomy.

3. The air is most likely to burst into that pleura of which the lung is the less expanded. On the other hand, pneumothorax of course helps to collapse the lung.

4. The route selected by the air is the space beneath the deep cervical fascia.

5. Emphysema of the anterior mediastinum may or may not be associated with emphysema of the neck; but their causes are different, and the conditions of their production are opposite.

6. The conditions favouring the production of mediastinal emphysema are division of the deep cervical fascia, obstruction to the air passages, and inspiratory efforts.

7. The dangerous period during tracheotomy is the interval between the division of the deep cervical fascia and the efficient introduction of the tube.

8. The deep cervical fascia should on no account be raised from the trachea, the incision in it should not be longer than necessary in the direction of the sternum, and this should be particularly remembered during inspiratory efforts.

9. It will probably be found that the frequency of occurrence of emphysema of the anterior mediastinum depends much on the skill of the operator, especially in inserting the tube.

10. If artificial respiration should prove necessary, the tissues should be kept in apposition with the trachea, and any manipulations performed steadily and without jerks.

11. Schultze's method (which is otherwise unsuitable for the above purpose) is especially prone to produce emphysema of the anterior mediastinum.

12. These observations illustrate the fact that, apart from the question of tracheotomy, the inspiratory force of the thorax should be remembered in all operations near the root of the neck and in the case of all collections of pus beneath the deep cervical fascia. In these cases quiet respiration is essential for the safety of the patient, and vomiting, which begins with a sudden inspiration, is dangerous.

13. These observations may serve to illustrate the production of emphysema of ths neck &c. during labour.

II. On the Great Frequency of Cardiac Murmurs in the Puerperal State. By Angel Money, M.D. Communicated by Dr. John Williams. (Received January 3rd, 1882.)

(*Abstract.*)

The observations were made last year (February to end of July) on 111 consecutive cases. Murmurs were heard in 84 cases, or about 75 per cent.

The great majority of the murmurs were situate over the right heart.

There were two cases of undoubted structural disease. We deal here with the remaining great bulk of the murmurs.

The patients in whom a murmur was heard, for the most part, did not suffer from symptoms referable to the heart. The time of the murmurs was invariably systolic. The murmurs are divided into three sorts.

The first (resembling an ordinary endocardial murmur) was most numerous, was of blowing character, soft, usually low or medium pitched, fairly long, and heard with almost every cardiac beat; and presented but little variation during the course of its existence.

The number of these was fifty-one. Thirty-six were loudest over the tricuspid area; eight over the mitral area; six over the pulmonary; 1 over the aortic.

By tricuspid area is meant the fourth left space just a little to left edge of sternum, there or thereabouts.

The murmur was conducted to a variable extent. The duration of the murmur was variable. Most commonly the murmur was first heard a day or so after delivery.

The mechanism of the murmur is discussed.

The most novel and interesting, the "tricuspid" murmur, is believed not to be due to tricuspid regurgitation. No definite conclusion is come to as to the mode of production.

The second kind ("friction-like") was almost absolutely non-conducted, was heard over a very small area just above and to the left of ensiform cartilage. The murmur seemed superficial, and was high pitched in quality; it was not audible with every cardiac beat. This sort was heard twenty-nine times. The mechanism is probably exocardial friction. Its site would about correspond to the "white patch" which may be seen on the front of the right ventricle.

The third kind of murmur, the least numerous, the most "capricious," was remarkable for its loudness, was very inconstant, *i.e.* not heard with every cardiac beat, and was very transitory; its area of audition was remarkably limited; it was most frequently heard over one or other base of the heart; it commonly went with an excited action of the heart associated with pyrexia or mental emotion. Besides pyrexia, excitement, and anæmia, this murmur was sometimes associated with râles in the chest and with a cough, but no sputa. The quality of the sound varied.

In many cases it resembled the sound evolved when a piece of silk tightly stretched is scratched with the nail, or like the sound heard when pressure is made on the carotid in anæmic cases.

Sometimes the sibilant râle was almost exactly imitated. The murmur was in all cases heard when the breathing was stopped. The mechanism of this murmur is discussed. The murmur was heard sixteen times.

The mode of generation of murmurs is regarded as very puzzling.

All the murmurs of the second and third kinds and the majority of the first kind were temporary phenomena.

Murmurs in the puerperal state are (for the most part) not indicative of the appearance of serious cardiac lesions.

It came out, as the result of observation, that the first cardiac sound was relatively loud over the right heart, that the pulmonary second sound was markedly accentuated, that the sensation communicated to the stethoscope was stronger than natural over the right heart. It is inferred that the right heart acts robustly during the puerperal states and that the tension in the pulmonary artery is increased; which of these factors precedes the other, or whether they appear simultaneously, is not quite certain.

Attention was directed in every case to the occurrence of rheumatism in any shape; also to the quality of the blood, to the

ABSTRACT OF THE INCOME AND EXPENDITURE OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY,

For the Year ending December 31st, 1881.

RECEIPTS.

	£	s.	d.	£	s.	d.
Subscriptions, Fees, &c.:						
292 Annual Subscriptions, at £3 3s. .	919	16	0			
29 Admission Fees, at £6 6s. .	182	14	0			
4 Composition Fees in lieu of further payment of Subscriptions .	67	4	0			
4 Composition Fees for 'Transactions'	25	4	0			
Fines	0	4	0			
				1195	2	0
Transactions, &c.:						
Sale of Vol. LXIII, by Messrs. Longman	41	14	10			
" previous volumes by ditto .	11	10	1			
" 'Transactions' and 'Proceedings' by the Society . .	8	0	6			
" New Catalogue by Messrs. Longman . . .						

REGINALD E. THOMPSON, *Sec.*

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PAYMENTS.

	£	s.	d.	£	s.	d.
House Rent, Taxes, &c.:						
Ground Rent (less Property Tax) .	13	13	7			
Property Tax . . .	5	0	0			
Assessed and Land Tax . .	8	8	0			
Parochial Rates . . .	16	3	0			
Water Rate . . .	8	5	0			
Insurance of House and Premises (for seven years to Michaelmas, 1888) .	13	10	0			
				64	19	7
Lighting, Warming, &c.:						
Gas	32	0	5			
Oilman, Tallow Chandler, &c. .	11	16	0			
Coals	28	6	0			
				72	2	5

(Signed) JOHN COOPER FORSTER, C. BLAND RADCLIFFE, } *Treasurers.*

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urine, body heat, age, civil state, and number of pregnancies. As a broad statement it can be said that such observations are of negative value in the question of the mechanism of the murmurs.

The murmurs explain, or are to be explained by, the normal cardiac and circulatory conditions which are believed to exist during the puerperal state. These conditions have been mentioned in the last paragraph but one.

ANNUAL MEETING.

March 1*st*, 1882.

5.30 p.m.

Andrew Whyte Barclay, M.D., F.R.C.P., President, in the Chair.

Present—31 Fellows.

The President on taking the chair declared the Ballot open, and nominated Dr. Silver and Mr. Gant as Scrutineers.

The Balance-Sheet of the Income and Expenditure of the Society for the year 1881 [see p. 117*] was taken as read as it had previously been circulated among the Fellows, and Mr. Berkeley Hill, one of the Hon. Secretaries, then read the Report of the President and Council for the past year, as follows:

The President and Council in making their annual statement to the Fellows, have much pleasure in bringing before them the evidence of the continued prosperity of the Society. This prosperity is shown by the increase in the number of Fellows.

The number of deaths among the Fellows since the last Annual Meeting is 17, being 2 greater than the average of the last twenty-five years. Four resident, ten non-resident, and three honorary Fellows have died. The latter are Professor Pirogoff, Professor Theodor Schwann, and Sir Robert Christison.

There have been 29 new Fellows elected during the year, a number considerably above the average of the last twenty-five years; 21 are resident, and 8 non-resident.

Two resident Fellows have become non-resident, and three non-resident Fellows have become resident. There has been one resignation.

Composition fees have been paid this year by four Fellows, two of which were the final composition of five guineas after thirty years of Fellowship.

The number of Subscriptions continues the favourable increase which commenced five years ago, when they had sunk to 258; this year they are 292.

The total number of Fellows, honorary, resident, and non-resident, has also increased in the year from 686 to 697.

The following table contains statistics of the numbers and classes of Fellows; it is the twenty-third of a series which was begun in the year 1859:

TABLE OF FELLOWS.	Honorary.		Resident.			Non-resident.		Totals.
	English.	Foreign.	Compounded for Subscriptions.	Paid Subscriptions for 1881-82.	Additional to pay for 1882-3.		Compounded for 'Trans.'	
December 31st, 1880 . . .	10	19	78	283	...	199	68	686
Elected Dec., 1879, to June, 1880, but not subscribing for Session 1880-81. . .	...	...	...	+18	...			
Ditto, Dec., 1880, not subscribing for 1881-82 . .	...	...	...	...	+13			
Deceased during 1880 (in Report, March, 1881) . .	...	...	...	—2	...			
Deceased during 1881 (in Report, March, 1882) . .	—1	—2	—2	—1	—1	—7	—3	—17
Paid composition fees . . .	...	...	+4	—4				
Resident become non-resident	...	...	...	—2	...	+2		
Non-resident become resident	...	...	...	+1	+2	—3		
Resigned from March, 1881.	...	...	...	—1	...	...	...	—1
Erased for non-payment . .	...	...	...	...	...	...	...	...
Elected, 1881 (February and June)	...	...	...	...	+9	+3	+3	+15
Ditto, 1881 (Dec.)	...	...	...	...	+12	+1	+1	+14
Dec. 31st, 1881.	9	17	80	292	35	195	69	697
			407			264		

The receipts of the year, through the increase in the number of Fellows, exceed, in the items of Subscription and Admission Fees, those of the last year by about £80. The other items of receipt are nearly identical with those of the previous Balance-sheet.

The ordinary expenditure has been about £85 below that of last year. This diminution together with the increase in Fees mentioned above, and some other small differences of account, &c., has enabled the Council to repay the debt of £70 owing to their Bankers in the last Balance-sheet, and to retain a balance in hand of about £107.

The Council regrets that the condition of the building and foundations of the Society's house have rendered necessary a survey by an architect. His report shows that some considerable repairs are indispensable to the upper and outer wall and to the cellars in the front of the house. This will cause a heavy charge in the expenditure of next year.

Application was made last Midsummer (1881) to the Treasurers for payment of the subscription of fifty guineas to the Harvey Tercentenary Memorial Fund which was voted by the Society at the Annual Meeting in 1879, and again in the following year, 1880, but on the latter occasion by a majority of two only. It will be in the recollection of the Fellows that there was conflict of opinion concerning the legality of such an employment of the Funds of the Society, and that the Standing Counsel of the Society when consulted, declared such an appropriation to be illegal. On this ground the Treasurers declined to make the payment.

Since the first presentation of the Marshall Hall Prize in 1878 to Dr. Hughlings Jackson, four dividends have accrued to the Fund. The prize will be again awarded in 1883, when its value will be somewhat increased owing to the gradual growth of the Fund through compound interest.

During the past year the Council has completed a revision of the Bye-laws, and the proposed alteration will be submitted to you this evening.

The Honorary Librarians report that the additions to the Library of the Society during 1881 amount to 392 works (inclusive of pamphlets, but not of continuations of transactions, journals, and other periodicals); of which number 182 are foreign and 210 English. Of these works 185 have been presented to, and 207 purchased by, the Society.

On the reading of the Report being concluded it was moved by Mr. Spencer Wells, seconded by Dr. Abercrombie, and carried:

"That the Report of the President and Council, with the appended audited account of the income and expenditure of the Society for the past year, just read, be received, adopted, and printed in the 'Proceedings' of the Society."

An alteration in the Bye-Laws affecting the title of the Resident Officer of the Society, referred to in the Report, and of which notice had been given in the circular of the meeting, was then put from the Chair, seconded by Dr. Sieveking, one of the Hon. Librarians, and carried unanimously. The alteration was as follows:

"That in Chap. XII, Sections I and II, and Chap. XVI, Section IV, the words 'Resident Librarian' be substituted for those of 'Sub-Librarian' and 'Assistant Librarian,' and that in Chap. XI, Section I, the words 'the Sub-Librarian in' be omitted, and the clause read as follows:—'The Librarians shall have the superintendence of all matters relative to the Library, and be permanent members of the Library Committee.'"

Mr. Eastes then rose to ask a question as to whether the subscription to the Harvey Tercentenary Memorial Fund would be paid, which led to a discussion in which the President explained the position of the Council and Treasurer, in consequence of a legal opinion having been obtained from the Society's Counsel that such payment was illegal inasmuch as the Charter and Bye-Laws do not permit the

Society's funds to be used for any purposes beyond those for which the Society was instituted.

Mr. Holmes proposed that, as the Society was in a manner compromised by the votes of its two annual meetings, which could not legally be carried out, the Council and such Fellows as were interested in the question should subscribe individually to make up the required amount. Mr. Charles Hawkins agreed with Mr. Holmes, and added that the payment of the Society's money for objects which might be considered as including gifts to some of its individual Fellows would lay it open to claims for legal dues, from which by Lord Brougham's Act it was relieved. Dr. Sieveking seconded Mr. Holmes's motion for a subscription by Fellows, but on Mr. Cooper Forster pointing out that any motion so passed as a substantive one would require a second special meeting within fourteen days to confirm it, Mr. Holmes withdrew the motion, and left the question as a recommendation only in the hands of the Council.

The President then addressed the meeting as follows:

The Report of the Council just read has put you in possession of the main facts connected with the social and financial position of our venerated Society. It points to increasing prosperity, as shown by the larger accession of Fellows during the past year, the improved condition of our funds, and the satisfactory state of our library. Nothing can in my view be more gratifying to a retiring President than to be able to speak in such terms to the Fellows. No institution can be spoken of as effete which, after so protracted an existence as ours, can point to so large an addition to its roll as that which has occurred during the past year. The younger Fellows are the very life's blood of the Society. We cannot often boast of the galaxy of stars of the first magnitude which I have witnessed at the meetings of the "Académie de Médecine," in Paris; but from many of the juniors I have heard, while sitting in this Chair, clear statements of facts, and brilliant expositions of new views which have aroused the energies of men older than themselves, and have quickened new thoughts, which will no doubt bring forth fruit in due season.

While I heartily congratulate the Society on these new acquisitions, I have also to record the loss of several Fellows who have received since the last Annual Meeting that sad summons which awaits us all. Many of them have passed away in the fulness of years, having finished their work and received their reward, while some had barely passed their prime; some among them were men of great and well-earned distinction, who have left their mark on the world's history, others have quietly and unobtrusively endeavoured simply to do their duty towards their fellow men.

The name which occurs first in order of priority is that of one not much known to fame. *Mr. Hammett Hailey,* of Newport Pagnell, was educated at King's College, of which institution he subsequently became an Associate. He obtained his diploma in 1846 and soon after settled in this country district. While yet a student he had been marked as one whose good conduct and industry were sure to lead him on to further distinction; and by his connection with this and other learned societies, he endeavoured to maintain that position unimpaired by the habitual dulness of a country practice. He also tried to keep himself abreast of the knowledge of the day by occasional contributions to medical literature, especially on subjects connected with obstetric medicine, as he was for some years Surgeon to the Midland Counties Lying-in-Hospital.

Mr. Hailey was a hard-working and earnest practitioner, falling a victim to illness contracted during his attendance upon some cases of fever which occurred in a very neglected district of Newport Pagnell, on the 2nd January, 1881, at the comparatively early age of fifty-seven.

Dr. Francis Richard Philp was also but little known to the profession at large, although he occupied at one time a somewhat prominent position as physician to St. Luke's Hospital.

He graduated at Cambridge as M.D. in 1836, and was elected a Fellow of the Royal College of Physicians in 1849. He gave himself up to the study of mental diseases, and, in addition to his public appointment at St. Luke's, he had a private lunatic asylum for many years at Kensington.

Before I knew him he had already retired with considerable independent means. He was an amiable, quiet gentleman, without any great brilliancy. He died at Brighton on the 2nd of April at the age of eighty-one.

Mr. Thomas Heckstall Smith had the advantage of practising in the vicinity of London, and thus keeping up his acquaintance with, and interest in, everything that was going on. Born in Nottingham, he was educated at St. Thomas's Hospital, and obtained the unreserved confidence and thorough esteem of those who best knew him there. As a student he is described as genial and pleasing; his appearance and manners were such as naturally attracted his fellows, and his cheerfulness, intellectual activity and energy, seemed contagious. He expressed his opinions decidedly, but still was a general favourite.

He became a Licentiate of the Society of Apothecaries in 1828, and was selected next year by the staff of his hospital as the best man they could send to represent them at St. Mary-Cray. Here he continued in practice for nearly fifty years, receiving a warning in 1873, and being wholly laid aside by paralysis in 1876. From very small beginnings he raised the practice, which he carried on for many years singlehanded, to a position in which it was at once extensive and lucrative. He was a sound practitioner, and gained the confidence and esteem of his patients, giving himself thoroughly to his work, and showing much kindness of heart to those who were in sickness or in trouble.

Apart from his professional acquirements, Mr. Smith was a man of considerable general information, one who read much, and took great interest in all the stirring questions of the day. He was looked up to by all with whom he came in contact, his judgment was sound, his sympathies were deep, and his zeal for every good work almost unlimited. He was at one period of his life the chief promoter of a scheme for the erection of a district church and the creation of a new ecclesiastical district in his neighbourhood : of the ultimate success of this scheme he always used to speak with pride. At another period he was to be seen working with Mr. Propert in founding the College at Epsom, and again we find him acting at different times as president of two of the branches of the British Medical Association.

He died on the 3rd May, 1881, at the age of seventy-four. He communicated to the 'British and Foreign Medico-Chirurgical Review' his "Prize Hospital Report" in 1827, and contributed papers to the medical journals, of which the best known are—"On the Affusion of Cold Water in Drunkenness," and "On Diphtheria."

The next name on our list must be well known to every one present.

Dr. Randle Wilbraham Falconer came of a family honorably known in Bath, where he afterwards personally earned distinction. His grandfather practised as a physician in that city, and his father, though in holy orders, was also a doctor of physic of Oxford. Born in 1816, he commenced his medical studies in Edinburgh in 1835, and graduated there in 1839. Like most of us who received the M.D. degree at so early an age, he felt that he could not at once assume the place to which it entitled him and call himself physician. With great tact and some self abnegation, he went first to Tenby, and did not attempt to practise in Bath, the object of his ambition, till 1847. There he soon rose to eminence, as he carried with him not only the stores of theoretical knowledge obtained in Edinburgh, but the practical skill acquired at Tenby such as few possess when starting in life.

He was early attached to the Bath Hospital, and wrote a treatise on the 'Baths and Mineral Waters of Bath,' which passed through several editions.

Not satisfied with the restrictions which too often confine medical men to an appointed groove, we find him, in 1852, acting as one of the secretaries of the Somerset Archæological Society; and in the same year he entered the town council as the representative of one of the wards of the city, his fellow-citizens showing their appreciation of his talents by electing him mayor in 1857.

From an early date he was a member of the British Medical

Association, and took a warm interest in its c His genial temperament led him to enjoy the social ga in those days, now long gone by, when he first j as the Provincial Medical Association; his pow speaker, and his business habits pointed him out as could help forward an institution then only strugg existence; he was for many years its treasurer, and af President of the Council. When in 1878 the Associat its annual meeting at Bath, he was, as a matter of cours President, and to the time of his death he was a very attendant at the meetings of the Council.

I knew Dr. Falconer well. Our friendship, comme the first intimacy of student life, continued to the end and friendly in his manner, frank and open in his deport was a universal favourite. His intellectual abilities an work, combined with considerable rhetorical skill, gained a position as one of the Presidents of the Royal Medica of Edinburgh, which was an object of juvenile ambitio most distinguished of the Edinburgh school, and his su career justified the selection which his fellow-students th

His health began to fail some time before his death, the constancy belonging to his nature, he continued in t duties of his profession till the very day before his dea had not concluded his work when he was taken so ill was carried home, and died in the course of the next May, 1881, at the age of sixty-five.

Dr. Falconer was unquestionably a well-informed and ful physician, but if I judge rightly, he owed his succe as much to his general as to his professional knowle skilled archæologist, a scientific botanist, an acco gentleman, he was largely endowed with those qualities which give a man power over his fellows. Far distan day when our English physicians shall cease to be ador those extraneous accomplishments which sat so graceful departed friend.

In addition to the work already named, which has long a text-book on the Bath waters, I only find that he small volume on their special uses in rheumatism and g title of "Hospital Economics."

Mr. William Donald Napier died on the 26th May, 1881. He had specially devoted himself to dental surgery, a branch of the profession in which he was much esteemed and most successful. He possessed a strongly-developed mechanical genius, and turned his attention to the construction of various ingenious contrivances, quite beyond the limits of his own department. In addition to this he was a man of cultivated tastes and of high aspirations. It was painful to him to be classed under the opprobrious name of dentist or tooth drawer with men who knew nothing of anatomy or surgery, while he had himself completed the curriculum prescribed by the College and obtained his diploma. He strove with all his power to get the true position of dental surgeons recognised and acknowledged. Possessing a strong will, he would sometimes give the impression of being somewhat overbearing in his views of what may be called professional politics; and anything that seemed to him likely to lower the character and position of his own branch of the profession met with his stern and unhesitating opposition.

I am assured by those best able to judge, that the Association of Surgeons practising Dental Surgery almost owes its existence to Mr. Napier's untiring zeal. He was enthusiastic in his nature and warm in his temperament, true in his friendships, and constant in his pursuits. To such men success in their aims is almost assured. In addition to this he was a good practitioner, courteous and gentlemanly in manner, and possessed of high artistic taste. He contributed several papers to the journals, and died at the comparatively early age of fifty.

Surgeon-Major Fitzgerald entered H.M. service in 1852, having become a Member of the College of Surgeons in 1850. He was educated at University College, London, where he distinguished himself as a student, and afterwards visited several foreign universities. He became a Fellow of the College of Surgeons in 1859, and in the following year he joined this Society. He first saw service in the Crimean war, when he acted as professional secretary to the principal medical officer of the General Hospital at Scutari, the great depôt of sick and wounded from the trenches. We find him subsequently in the Franco-German war, where he acted as commissioner with the German army in the field. He was long employed at the head-quarters of the Medical Department in Whitehall Yard, and finally served his turn as surgeon-major at Gibraltar, from whence he retired with the honorary rank of Deputy-Surgeon General. Early in his career it appears that his merits were recognised in his appointment as Curator of the Museum and Pathologist at the Military Hospital at Fort Pitt.

He did not allow all the opportunities he enjoyed of adding to his store of knowledge to pass unheeded by. He gave to the world an account of what had passed in the Crimea in his 'Medical and Surgical History of the Crimea.' He published 'Reports on the Prussian Field Medical Arrangements,' and a work upon 'Septicæmia and Pyæmia.' He died on the 18th of June last year.

George Leighton Wood, who died in July last, was originally a pupil of Mr. Abernethy's at St. Bartholomew's Hospital, and maintained a friendly intercourse with his master up to the time of his death. He was born in the last year of the past century, and obtained his licences to practise in 1818 and 1819, when he was only just about twenty years of age. He settled in Bath as a general practitioner, and remained there till the time of his death, having some years previously retired from the active practice of medicine. He did much by his conduct and character to uphold the dignity of his profession, but did not, as far as I can learn, contribute to its literature. Indeed, one may well ask how was it possible for a mere boy, removed from his studies at such an age, and settled down in a fashionable watering place, however deeply he was imbued by the spirit of his old master, to build up any of the great principles of advancing knowledge. Such is the life history of thousands of the medical men who have maintained by their integrity and uprightness of conduct the dignity of the profession. Well may we wonder that under such disadvantages, its noble aims and lofty aspirations have not been quenched altogether in one dead level of mediocrity.

James Luke at one time held a prominent position among the surgeons of the metropolis. Born at Exeter, he became a student at the London Hospital, as pupil of Mr. Andrews, one of the surgeons at that institution. His attention seems from the first to have been attracted to surgery, and we find him lecturing on anatomy in 1823, and two years later Lecturer on Surgery. Soon after this he was appointed one of the assistant surgeons to the hospital, and on the death of Sir William Blizard, in 1833, he succeeded to the vacant office of full surgeon. This post he occupied for nearly thirty years, and on his retirement he was appointed Consulting Surgeon to the hospital. He became a Fellow of the Royal College of Surgeons in 1843, and was elected a Member of Council in 1846, and of the Court of Examiners in 1851. He twice filled the office of president, first in 1853 and next in 1862. After the expiry of his last year of office he left London and retired to the neighbourhood of High Wycombe, where he died on the 15th of last August at the age of eighty-two. He was elected a Fellow of the Royal Society in 1853.

Mr. Luke's claims to distinction were probably better known to the last than to the present generation of surgeons. With a somewhat hesitating manner and great reticence, it was perhaps more his delicate handling of the knife than his general acquirements that secured for him the position which he so well deserved.

He possessed a great natural turn for mechanics, and displayed much ingenuity in the contrivance of various surgical appliances. It was to strangulated hernia that his attention seems to have been specially directed, and his first communication to the Society, published in our 'Transactions' in 1843, was devoted to a consideration of this subject, which he further elucidated by a second communication five years later, on Petit's operation. He advocated the avoidance, as far as possible, of opening the sac, and showed that even when it was absolutely necessary to do so, a very small opening might be sufficient. He also drew attention to the circumstance that the stricture might sometimes be found entirely outside the sac, and that by the division of some fibres known as "Luke's fibres," reduction might be effected without opening the sac. He was a good manipulator and operator, and his statistics showed a remarkably low rate of mortality after his operations for strangulated hernia.

He contributed two other papers to our 'Transactions' "On Obstruction of the Colon," vol. xxxiv, and "On Intestinal Obstruction," vol. xxxv. He also published his Hunterian Oration which he delivered in 1852.

Dr. Julius Charles William Heyn was but little known to the profession in this country. Born in England, his father was a German, and he took his degree of M.D. at Heidelberg. He then joined the Dutch army as one of the medical officers, and was sent to Java where he remained for upwards of twenty-two years. He devoted himself to surgery, and being considered the best operator in the island was sent for in every direction to perform any capital operation. He inspired much confidence in his patients and had a very extensive practice, for which he possessed the additional advantage of knowing the English, Dutch, German, and Malay languages. A man of highly cultivated mind, of prepossessing and courteous manners, and genial temperament, he was everywhere welcome in society and exceedingly hospitable.

On his return to Europe he resided some time at the Hague, coming to England after the death of his wife. He became a Member of the College of Physicians in 1868, and a Fellow of this Society in 1872, but never practised his profession in London. He died suddenly in Edinburgh on the 19th of August.

Dr. Billing, by birth and education an Irishman, belonged to the last century, having been born in Dublin on the 10th January, 1791. He graduated as M.D. at Trinity College, Dublin, and subsequently availed himself of the privilege of obtaining an *ad eundem* at Oxford, in 1818, which entitled him to early admission into the Fellowship of the Royal College of Physicians. He was soon afterwards elected Physician to the London Hospital, and instituted there, in 1822, a course of systematic clinical lectures, which he continued till 1836.

It was here that the originality of his mind first began to show itself, and in 1831 he collected into a small text-book his thoughts upon the principles which ought to guide the physician in the treatment of disease. In some five and thirty years six successive editions of the work appeared, and it increased in bulk from 130 to 700 pages. I can well remember the attention it aroused among thoughtful practitioners some few years after its first appearance, and yet there is nothing startling in his propositions, no extravagance in his language, no wildness in his conceptions. He is simple and unaffected, clear and logical. His great aim was to make pathology the basis of treatment, while claiming for it a wider range than the limits allotted to the kindred science of morbid anatomy. To few men has it been given to think and to speak so much in advance of their own generation. Dr. Billing was not the spokesman of a new school, but he helped to found it. His name will not be remembered as having made any grand discovery, but as a close reasoner, who made use of the knowledge already existing in such a way as to make it a stepping-stone to a further advance. The same characteristic of his mind was shown in his early adoption of the method of auscultation as an aid in the treatment of disease.

I think it not a little remarkable that his casual references to the indications derived from stethoscopic examination in the illustrative cases of disease in his book show an appreciation of facts much in advance of the knowledge of the day. In connection with this part of the subject it may be remarked that we are chiefly indebted to Dr. Billing for the view that the normal sounds of the heart are in great measure caused by the tension of its valves. To the elucidation of this subject he devoted a work on 'Sounds of the Heart,' which he followed up some years later by a treatise on the 'Diseases of the Heart and Lungs.' He also wrote upon 'Asiatic Cholera,' and on 'Aneurysm,' and was a large contributor to medical journalism.

On the establishment of the University of London he was invited to become a Fellow, and was appointed Member of the Senate and Examiner in Medicine, an office which he retained for many years. He was for a long time busily engaged in active practice, but had retired some years before his death. He died on the 2nd of September, when he had nearly completed his ninety-first year.

It is said of him with justice that he was "eloquent as a teacher, logical in his arguments, and agreeable in his manners to such an extent as to make him worshipped by his pupils." His talents were recognised and acknowledged by scientific men throughout the Continent, and his 'Principles' were translated both into French and German. He offers another example of a man whose aims and studies were not bounded by the narrow limits of strictly professional knowledge. Alike as a man and as a physician he gained the love and esteem of all who were brought into personal contact with him.

Frederick Symonds, of Oxford, is one whose reputation is almost as familiar in London as in Oxford. A provincial surgeon who thus obtains a wide celebrity must have been a man of mark. Far be it from me to suggest that the surgeons of our provincial hospitals are, as a rule, inferior to their metropolitan brethren in knowledge and acquirements: but it must be admitted that a London career has a charm for those who have a consciousness of power, and the constant friction of mind with mind in the numerous schools of the metropolis tends to develop qualities which are liable to grow rusty in the comparative quiet of a provincial town. The number, even in Oxford, of those who cultivate surgery must be small, and it may be reasonably assumed that the all powerful influence of general education which pervades our old universities does tell upon those who reside within the charmed circle, and in all probability helped in the development of such a man as Symonds.

His father was a well-known practitioner at Oxford, and early imbued with a desire to follow the same profession Frederick Symonds entered at University College, London, after completing his general education at Christ's Hospital. He began practice in Oxford in 1833, and his first piece of preferment was his appointment as one of the surgeons to the Radcliffe Infirmary, a post which he held for more than twenty-five years, after which he was elected honorary surgeon. He was subsequently chosen as coroner for the University and had the honorary degree of M.A. conferred on him. He became a Fellow of the Royal College of Surgeons in 1852, and was a member of various scientific societies.

Highly respected as a surgeon, well known as a skilful operator, and having a large practice in Oxford and its neighbourhood, he endeared himself by his kindly manner and social qualities to a large circle of friends by whom he is now much missed. He did not contribute any thing of importance to the literature of surgery, but was fully alive to all the advances that had been made of late years. His health gave way some years before his death, which occurred on the 11th September at the age of sixty-eight.

Dr. Andrew Wood Baird died at a good old age in Dover on the 10th of January in the present year. On the mother's side he was related to the family of the Wood's, who have for several generations held a high position in the medical world in Edinburgh. Though born at Colchester, he naturally pursued his medical studies in Edinburgh, where he graduated in 1823. Next year he began practice as a physician at Ipswich, and joined the Royal College of Physicians of London in 1827. He greatly aided in the construction of a hospital for East Suffolk, of which he was physician for some years, and at the same time enjoyed a large practice and was very much respected. Dr. Baird left Ipswich in 1852, after a residence of twenty-eight years, to proceed to Dover. He was almost immediately appointed physician to the Dover Hospital, and entered on the active practice of his profession at his new domicile. He gained the affection and esteem of all with whom he was brought into contact, and continued able to carry on his practice until within a few days of his death.

George Macilwain was well known in bygone years to the frequenters of this Society, where his marked features were often to be seen both at the evening meetings and as a visitor to the Library. He was a student at St. Bartholomew's Hospital, and passed from that school at a time when promotion was somewhat slow, to the Finsbury Dispensary. Here he found congenial work, and remained as one of its surgeons for twenty years, being afterwards promoted to the rank of consulting surgeon.

He took his diploma at the College of Surgeons in 1818, and was elected Fellow in 1843. He was a Member of the Council of this Society in 1829, and was elected Vice-President in 1848.

Mr. Macilwain was rather a voluminous writer. Like many other thoughtful men, he felt that there was a future for the science of medicine not yet reached, when it might take its place side by side with the more certain sciences, and he endeavoured to create that future. His first and greatest effort in this direction was a treatise which he gave to the world under the name of 'Medicine and Surgery one Inductive Science,' published in 1838. Time would fail me in attempting to give an account of the laudable effort there made to place medicine and surgery on a surer foundation than had been previously established. The attempt was abortive, chiefly because the parts of our science which have been shown to be founded on fixed laws are as yet so few, and the laws which hitherto seem to have been evolved from the chaos are so far removed from practical results that their bearing on them is hardly appreciable. It is not a dreamy discussion on the principles involved in fevers and inflammations which can settle laws of nature; for such a purpose nothing can serve short of the closest investigation of phenomena, their absolute identification under changing circumstances, and the clearest evidence that the result is one that can be calculated on with certainty, or any deviation explained by the introduction of other factors of which the motive power can be calculated with the same accuracy. The existence of some law may be assumed when a result is constant, but to formulate that law a knowledge of the method in which the result is attained must be an unavoidable preliminary. The law of inflammation as set forth by Macilwain is something quite different from this. He assumes, and the assumption is one which no one would attempt to contradict, that in inflammation we can discern a reparative process, which is sometimes successful and sometimes fails, and to this he assigns the name of the "law of inflammation."

I think I need say no more to explain why one who was so clearly a searcher after truth failed to impress his own generation or to leave any mark on the future progress of medicine. The cumulative stores of knowledge which have filled the pages of our 'Transactions,' and the bright light which the last few years have shed on pathology, render it absolutely certain in my opinion that ere long many obscure problems will be solved, and the science will take its proper place among the inductive sciences; when vague guesses after truth will pass into the realm of acquired and substantial knowledge. Meanwhile, let us not be deterred by the failure of one whose speculations were those of a dreamer rather than a worker.

Besides numerous contributions to the medical journals, Mr. Macilwain published a large number of works, including a 'Life of Mr. Abernethy.' Most of his smaller publications were more or less of a controversial nature.

Apart from his philosophical speculations, he was an amiable and accomplished man, kindly in his manner, and easily accessible to those who in age and standing were greatly his inferiors. He retired from practice some years before his death, which occurred on the 22nd January, 1882, at the age of eighty-five.

Dr. George Samuel Jenks died at the advanced age of ninety-three on the 7th of February, in Bath, where he had latterly resided. It appears that his medical education commenced at St. George's Hospital, and that after spending some time in the army he went to Edinburgh, where he graduated M.D. in 1821, already more than thirty years of age. He then joined the Royal College of Physicians in London, of which body he became a Fellow in 1845. He was for many years a resident in Brighton, and was connected as medical officer with the chief medical institutions of that town. He held the office of President of the Brighton and Sussex Medico-Chirurgical Society in 1849.

Towards the end of 1856, or beginning of 1857, he migrated to Bath, where at first he obtained some consultation practice; but for several years prior to his death he had quite retired into private life. In the Report of the Brighton Society for 1857, it is stated that "the unanimous vote of the Society has enrolled among its honorary members the name of our former president, whose correct judgment and varied learning so often guided and adorned our evening meetings."

Dr. Jenks was a good classical scholar, and a man of much literary culture, as well as an accomplished physician. He was a general favourite and mixed much in society, especially among the intellectual classes.

The Society has to deplore the loss during the past year of three of its Honorary Fellows, two of whom were foreigners. The first of these in order of time was perhaps the least known to English medical men.

Nicholas Pirogoff (or Nikolai Pirogow, as I believe the name is more correctly spelt) was born at Moscow, and entered the university there at the early age of fourteen. He completed his education at Dorpat, where an institute is maintained for the training of those who are destined for the duties of professors in the Russian universities. Here he graduated as M.D. in 1833, and afterwards visited the Universities of Berlin and Gottingen in the pursuit of science. Disappointed through illness of the post of Professor of Surgery at Moscow, he was subsequently nominated to the same office in the Dorpat University, and five years later removed to St. Petersburg, where he was appointed Professor of Clinical Surgery in the Medico-Chirurgical Academy of that city.

He held also the appointment of Director of the Anatomical Institute, and performed an almost incredible number of necropsies during the fourteen years in which he was so engaged, being also Surgeon to the Military Hospital. Far in advance of his time, Pirogoff vainly strove to reduce to order the very defective circumstances under which his work was carried on. The hygienic condition of the hospital was simply appalling, but he strove in vain against prevailing prejudice, ignorance, and neglect. He, too, was the first who employed anæsthetics during his surgical operations in Russia. His energy may almost be said to have been his ruin.

In the Crimean campaign he again came into collision with the authorities in his endeavours to remedy the most glaring defects in the administration of the military hospitals and the management of the sick and wounded. In consequence of this disagreement he was compelled to resign his appointments at St. Petersburg. At Odessa, where he was sent by the Minister of Education, he was not more fortunate; again official obstinacy thwarted his efforts, and obliged him to retire into private life.

He died after great suffering from cancerous disease of the mouth in Podolia, on the 5th of last December. He was an ardent student and a voluminous writer, one of his earliest efforts being an 'Atlas of Diseases of the Arteries,' which called forth a most flattering testimony from Velpeau when Pirogoff visited Paris after leaving Dorpat. Perhaps his greatest work is his 'Anatomia Topographica.' He also published an 'Atlas of the Pathology of Cholera,' and various works on subjects connected with civil and military surgery.

The name of *Theodor Schwann* is associated with one of the greatest advances of modern days. Born at Neuss near Düsseldorf, in 1810, he studied at Bonn, Würzburg, and Berlin, and at the age of twenty-three, having taken his degree in medicine became assistant to the celebrated physiologist Müller, at the Anatomical Institute at Berlin. Here he remained five years, and on his leaving Berlin to take up the duties of professor of anatomy at Louvain, he gave to the world that work with which his name will ever be associated. An English translation, prepared by an old and much respected Fellow of this Society, Henry Spencer Smith, was published by the Sydenham Society in 1847.

In 'Froriep's Notizen' of the previous year Schwann had suggested the results of the comparison between the microscopical tissues of vegetables and animals, which form the groundwork of his larger monograph. The question of cell-gowth had in the same year been discussed with reference to vegetable structures by Schleiden in 'Müller's Archiv.' Müller himself had made observations on the resemblance in form which some of the structures of the tadpole present to vegetable cells. Henle, a fellow-worker with Schwann in Müller's laboratory, had been examining the cells found in epithelium tissue. It was reserved for Schwann to grasp the idea that in cell formation was to be traced the life history of all the organic tissues, and to propound one of the grandest inductions ever attempted in physiology.

To him, too, belongs the real credit of the first suggestion that fermentation and putrefaction were not only associated with, but dependent upon, the presence in each, of certain organisms which have of late years assumed so much importance, as possible factors in the propagation of disease. The suggestion was perhaps put aside at the time as comparatively barren in results, until in the working out of certain problems in regard to the origin, the development, and growth of these organisms, a further light was accidentally thrown on them by the investigation of their relation to the living body, in which Professor Lister has taken so prominent a part.

After a residence at Louvain of some nine or ten years, Professor Schwann was appointed to the Chair of Anatomy at the University of Liege, which he subsequently exchanged for that of Physiology. Here he remained till his death, which occurred in February this year. Here too he spent a jubilee, when the occasion of his having completed his fortieth year as professor was made the ground of celebrating a festival in his honour, such as has seldom if ever been known in the lifetime of a man of scientific renown. The reason is not far to seek. He was not more distinguished by his rare talents than by his extreme modesty. Full of zeal in the discharge of his trust as a teacher, full of energy in his work as a thinker, he was also full of the milk of human kindness, and won the warm esteem of his colleagues, the love of his pupils, and the kindly regard of all with whom he was brought into contact.

I cannot bring these remarks more fittingly to a close than by adding a few words in commemoration of one of the most distinguished of our British Honorary Fellows. In *Sir Robert Christison* one of the most prominent figures of a past generation has passed away: one of the finger-posts which pointed to younger men, not the mere beaten track of the road to distinction, but that more arduous path which must be trodden by those who, when they rise to eminence, carry with them the love and respect alike of those who have watched their progress from a far off distance; and of those who have been brought under their influence as pupils and admirers; and still more of those who have been admitted into the restricted circle of intimacy and friendship.

The son of a Professor in the University of Edinburgh, he graduated there as M.D. in 1819, when he was just twenty-two years of age, and three years later commenced his long and brilliant career as one of the great teachers of that celebrated medical school, having been elected Professor of Medical Jurisprudence. For this subject he had fitted himself by his studies in Paris, where he was a pupil of the celebrated Orfila. His occupancy of the Chair was marked by a successful attempt to systematise the course of instruction, which had been previously much neglected; and by the publication of his treatise 'On Poisons,' which so long was the only standard work on the subject.

In 1832 he was transferred to the Chair of Materia Medica, a subject for which he had long felt a special predilection, prompted in some degree, no doubt, by his working in the laboratory of Robiquet, the celebrated *pharmacien*, while in Paris. This post he continued to hold till 1877, when he had completed his fifty-fifth session as Professor in the University of Edinburgh.

Sir Robert Christison was a man of decided character and immense power of will. No one can have seen his firmly cut features, his sturdy carriage, and his well-knit frame, without feeling conscious of his energy and determination. Youthful as he was when first appointed the students at once recognised and bowed to his commanding presence. Whatever he undertook he carried through to the end. He made himself a good lecturer, a good physician, a good clinical teacher. I do not recall any signs of want of attention on the part of his class, though they had to be present at the dismal number of 130 lectures on materia medica. In the clinical wards he was assiduous and painstaking, and it was perhaps in consequence of this that he had more than one attack of typhus, at that time so prevalent in Edinburgh. As a chemist he naturally took great interest in the discoveries of Bright, and was himself a great authority on diseases of the kidney.

Under a rugged exterior Christison carried a warm heart and a sympathetic nature. As a young man he gained the love of boys many years his juniors. He revelled in the enjoyment of music, and used to delight his intimates by the tones of his rich bass voice. Among them he could unbend and enjoy to the full the mirth and pleasantry of the passing hour; and he possessed much of the dry humour which is so characteristic of talent and originality north of the Tweed.

His position as the leading physician of Scotland was an acknowledged one, and universal satisfaction was felt when Her Majesty appointed him her Physician in Ordinary in Scotland, and further conferred on him the honour of a baronetcy. This was, however, but one of his claims to distinction. He was not only a physician and a professor, he was essentially a leader of men. His commanding intellect, his superior culture, and his general information, compelled the submission of minds inferior to his own. But whether right or wrong in his decisions, I can unhesitatingly affirm that honesty of purpose was the rule of his life in public and in private.

In addition to his 'Treatise on Poisons,' he was the author of the well-known 'Dispensatory,' and of a work on 'Granular Degeneration of the Kidneys,' besides many contributions to the medical journals. He died on the 27th of January, at the age of eighty-four.

I thus bring to a conclusion the duties devolving upon me as your President for the past year. I have sought to discharge them to the best of my abilities. I have deeply felt the honour you did me in electing me. I have fully appreciated the distinction the office confers, and the high position which its occupant is bound to maintain.

In retiring from the duties of office at an early date I am only influenced by one consideration. I wish to do in a plain and straightforward manner that which I feel to be for the best interests of the Society. There are many names on the list of our Fellows who ought at one time or other to represent this Society as its President, and yet may very probably be excluded by mere seniority. Though still in the active pursuit of their profession, it need not cause any great surprise if they are willing to forego the honour of presiding over the foremost Medical Society of Great Britain for the sake of a little quiet in their advancing years. Had their turn come a little sooner, they would probably have welcomed the distinction and thrown themselves heartily into the work.

I regret to see that my motive has been misinterpreted. One of the medical journals has made my action the ground of an unwarrantable attack on the Society, alluding to circumstances which are incorrectly reported, and can only have reached the editor in such a manner as, had he felt any sense of delicacy, would have restrained him from alluding to them. I am sure that none of you could have been disquieted by his remarks. The principles on which this Society is founded are too well known to need any vindication from me. If all the sparkling novelties which glitter in the sunshine of ephemeral notoriety are carried elsewhere, it is because we all desire that our transactions should maintain a high standard of excellence. If we are particular as to the character of the men whom we admit to the Fellowship, it is precisely because we do not agree with the sentiment that scientific and professional titles for admission are in themselves alone adequate.

My immediate predecessor once more called your attention to a subject which was first suggested by your Council, and has been always well received by you. I refer to the proposal to effect an amalgamation of all the leading societies connected with medicine into one comprehensive association. Every one who has the diffusion of scientific knowledge and the progress of medicine at heart will, I am sure, join with him in his hope that the day may not be far distant when this desirable change may be effected.

In estimating the value of such societies, we must not forget the powerful influence of national character. Our most ardent students, our greatest workers, may be among the most eloquent of our members, but it is not their habit to seek occasions for display. Our leading physicians and surgeons do not descend into the arena of debate for the purpose of making brilliant speeches; neither do they, as in other countries, join in the polemical encounters of political controversy. I think it most desirable that the younger Fellows should be encouraged to join in our debates, but I cannot refrain from remarking that while I have sat here I have observed that the more complete a paper was when read—the fuller its details, the more cogent its arguments—the less chance was there that it should give rise to animated discussion.

Let me repeat that I have been guided solely by what I believe to be for the welfare of this Society, which has always held a first place in my regards. I must again thank you as I do most heartily for the honour you have done me, and while apologising for defects in the discharge of my duties which have been to myself only too evident, conclude with the hope that the Royal Medical and Chirurgical Society may still flourish as one of the great centres for the diffusion of scientific truth. The past year will, I assure you, ever live in my memory as that in which the Fellows of this Society, the members of my own profession who have known my career, judged me not unworthy to occupy this chair.

At the conclusion of the address it was moved by Mr. **Charles Hawkins** in laudatory terms, seconded by Mr. **Kiallmark**, and carried with acclamation—

"That the best thanks of the Society be given to the retiring President, Dr. Andrew Whyte Barclay, for the manner in which he had presided over the meetings and affairs of the Society during his year of office, and that he be requested to allow his very excellent address to be printed in the 'Proceedings.'"

It was then moved by Dr. **Graham Balfour**, seconded by Dr. **John Harley**, and carried with applause—

"That the thanks of the meeting be given to the retiring Vice-Presidents, Dr. A. B. Garrod and Mr. Spencer Wells, and to the other retiring members of Council, Dr. Hilton Fagge, Mr. F. J. Gant, Mr. F. Mason, Mr. John Morgan, and Mr. Alfred Willett, for the time they have devoted to the affairs of the Society during their tenure of office."

The President then announced the result of the ballot for Officers and Council for 1882-83, as follows:

President.

*John Marshall, F.R.S.

Vice-Presidents.

Samuel Osborne Habershon, M.D.
*John Burdon Sanderson, M.D., F.R.S.
Timothy Holmes.
*Jonathan Hutchinson.

Treasurers.

Charles Bland Radcliffe, M.D.
John Cooper Forster.

Secretaries.

Reginald Edward Thompson, M.D.
M. Berkeley Hill.

Librarians.

Edward Henry Sieveking, M.D.
John Whitaker Hulke, F.R.S.

Other Members of Council.

James Andrew, M.D.
William Cholmeley, M.D.
*James E. Pollock, M.D.
Sydney Ringer, M.D.
Reginald Southey, M.D.
*George Cowell.
John Langton.
*Howard Marsh.
*Henry Power.
*Septimus W. Sibley.

Those gentlemen to whose name an asterisk is prefixed were not on the Council, or did not fill the same office last year.

PROCEEDING

OF

THE ROYAL

MEDICAL AND CHIRURGIC

OF LONDON.

March 14*th*, 1882.

John Marshall, F.R.S., President,

Present—27 Fellows and 2 visitors.

Books were presented by Dr. A. W.
A. Guy, Mr. J. W. Hulke, Dr. Wickha
Prosser, the Royal College of Physicia
the Royal Academy of Sciences of Amst

George Robertson Turner, F.R.C.S
Dawson, M.D., were admitted Fellows o

Joseph Mills, M.R.C.S., and A. T.
proposed for election.

The President addressed a few word
first taking the chair, thanking the Soc

they had done him in electing him as their President. He then read an address which the President and Council proposed to be forwarded to H.M. the Queen in the name of the Society, as follows:

To the Queen's Most Excellent Majesty, our Royal Patron.

MADAM,—We, the President and Council, on behalf of the Fellows of the Royal Medical and Chirurgical Society of London, ask permission to declare our sorrow and indignation at the recent alarming outrage committed against Your Most Gracious Majesty; and we desire to express our heartful thankfulness at Your Majesty's providential escape from great peril, and our loyal and fervent wishes for Your Majesty's continued safety and welfare,

Signed on behalf of the Society,
JOHN MARSHALL,
President.

The Society's House,
53, Berners Street, W.;
March 14th, 1882.

This was carried unanimously, and ordered to be signed, engrossed, and forwarded through the Home Secretary.

The PRESIDENT then stated that in accordance with the wishes expressed at the annual meeting with regard to the subscription to the Harvey Tercentenary Memorial Fund, which, though passed at two previous annual meetings, could not legally be paid by the Society, the Council had authorised a subscription list to be opened in order to collect the amount from individual Fellows who may feel disposed to subscribe. The Treasurer, Mr. Cooper Forster, had kindly undertaken to receive the money as contributed, and to hand it over to the Treasurer of the Harvey Testimonial Fund.

The following communication was read:

The Influence of Albuminuria on t Phthisis Pulmonalis; with s Pathology. By C. THEODORI Physician to the Hospital for C ton. (Received January 2nd,

(*Abstract.*)

The author draws attention to the freq as a complication of phthisis, to the insi approach, and to the grave prognosis it hopeful cases. Its influence on the clinica and especially on the temperature course, i sixteen illustrative cases are given.

The patients are 12 males and 4 females sixteen to forty-six.

In all excavation of the lungs had taken of disease either in the form of excavation was actively proceeding. In some there wa tion of the larynx or intestines. Elever diarrhœa more or less profuse. Albuminur and was generally accompanied by anasarca both. The temperature observations were five times a day, for periods varying from fiv The effect of the renal disease was to mask symptoms, and especially to lower the tem demonstrated by (1) temperature charts phthisis before and after the supervention of by comparing the 16 cases with the tempe third-stage active cases free from the compl while the course under ordinary circumsta pyrexial, in the albuminuric patients it is su meridian rise from 2 p.m. to 8 p.m., althou on at one degree lower in the scale. The show the ordinary extremes of ordina Thirteen of the patients died, and fro appeared that the tubercular changes we death uninfluenced by the uræmia. The l be distinctly lardaceous in 7 cases; large, white, and mottled in 3; granular or affected with interstitial nephritis in 2. Lardaceous disease affected other organs besides the kidneys in 5 out of 7 cases. These results were confirmed by post-mortem records of the Brompton Hospital, which show the existence of lardaceous disease of the kidneys in 52 per cent. of deaths from phthisis. Microscopic examination demonstrated the lardaceous change to generally begin in the vessels of the Malpighian tufts, and later on to involve the epithelium of the tubuli contorti. This evidence is contrasted with the statistics of Bamberger, Ecorché, and Southey, which give lower percentages of lardaceous disease in phthisis. The urine of the patients was, as a rule, scanty, the quantity falling in one case to 7 oz., and in another to 2½ oz. The specific gravity in the lardaceous cases was high, in one instance reaching 1047. The daily excretion of urea varied from 337 grains to 54 grains; in the last instance it was accompanied by diarrhœa and gave rise to no symptoms of coma. The rate of urea excreted daily compared with the patient's weight, estimated by Parkes at 3½ grs. per lb. in a healthy man, in these cases fell to 2 grs. and under, in one case reaching 0·9, a very small percentage.

The albumen was very abundant, even sufficient on boiling to cause the urine to become solid.

The reason of the lowering of the temperature is then discussed, and the author concludes that it was not due to decrease or disorganisation of the red corpuscles, or to diminution of the albumen in the blood, but judging from the experiments of Hammond, Stolnikow, Bernard, and Barreswil, arises probably from the toxic effects on the nervous system arising from the retention within the blood of the constituents of the urine, though not of the urea alone; that coma did not often occur was probably due to the excretory influence of the diarrhœa, generally present.

The prognosis of phthisis and albuminuria is very unfavorable, most hospital cases only surviving a few months after the appearance of albumen in the urine. In private practice, patients have been known to last for several years, but in the majority albuminuria must be reckoned as of fatal import; and the ordinary duration of chronic phthisis, treatment, is much curtailed by this com

March 28th, 1882

JOHN MARSHALL, F.R.S., Preside

Present—25 Fellows and 1 visitor.

Books were presented by Dr. H. Wynter Blyth, Mr. Erichsen, Dr. Wn Ralfe, Mr. W. D. Spanton, Mr. Law W. D. Williams; and from the India

The following gentlemen were adm Society:—Dr. Lawrence Humphry, Charles Roy, Mr. Barclay Scriven, an

The following communications were

I. On the Presence of Bile in the Sali tions in the amount of Sulphocy the Saliva of Persons affected w By SAMUEL FENWICK, M.D., to the London Hospital. (R 1882.)

(*Abstract.*)

It is generally believed that in cases does not contain any of the colouring m author has, however, found a yellow colou of every case he has examined, after evapo gentle heat. A bitter taste is often con affected with jaundice, and it has been suggested that it might result from the presence of the biliary acids in the saliva. The author has not been able to prove whether this opinion is correct or not, but he details a case in which an intense bitterness was complained of by a person unaffected with jaundice, in whose saliva he found traces of the biliary salts by the ordinary tests.

Having proved that both the colouring matter and the salts of the bile occasionally presented themselves in the saliva, an attempt was made to ascertain whether the amount of the sulphocyanide of potassium, usually present in the saliva, varies in different diseases, and whether such variations coexist with any particular diseases. For this purpose the saliva was examined in a large number of patients treated in private and hospital practice, and the results were afterwards analysed.

As it had been stated by some physiologists the sulphocyanide was only the result of decomposition set up in the saliva by decayed teeth, and by others that it was produced by tobacco-smoking, these two conjectures were first examined. The state of the teeth was carefully remarked in eighty-seven hospital patients, and it was found that there was no relation between the amount of decay in them and the quantity of the sulphocyanide in their saliva. The habits of 213 persons were inquired into respecting their use of tobacco, and it was found that the amount of the sulphocyanide was not affected by the habit of smoking.

The quantity of sulphocyanide was almost always deficient in cases of jaundice arising from obstruction; thus, of twenty-three cases it was deficient in eighteen, and in some scarcely a trace could be found. From this the author conjectures that the amount of this salt in the saliva depends on the quantity of the bile that reaches the intestines, a conclusion that seemed to be supported by two cases of hepatic fistula, it both of which it was also very deficient.

Where jaundice was absent, one of the chief circumstances that appeared to regulate the amount of the sulphocyanide was the quantity of food taken by the patient; thus, it was always deficient in œsophageal stricture and in cancer of the stomach.

Persistent vomiting, diarrhœa, and dysent
result, probably by removing the food be
digested or absorbed. It was also defici
atonic dyspepsia, and in all cases of chr
appetite was very bad.

The sulphocyanide was found to be in
and in those who were gaining flesh; defici
thin or rapidly losing weight.

It was greatly in excess in all cases
(thirty-six cases examined), and reached
second week of the disease. It was also in
of acute gout, and in most of the perso
termed "bilious headaches."

In the early stages of all inflammatory
excess; for instance, in gastric catarrh
erysipelas, diseased kidneys, and in phthi
below the average in the later stages of th

The author points out that the fibrine
found to be in excess in most of the ab
acute rheumatism, gout, erysipelas, and ac
he suggests that the unusual amount of
the saliva is perhaps the consequence of
of unoxidised sulphur, resulting from t
albuminous material of the blood that has
inflammatory process, and thereby rendered
into healthy tissue.

II. A Case of Excision of a Stricture
Colon through an Incision mad
Colotomy; with remarks. B
F.R.C.S., Surgeon to, and Lec
Guy's Hospital. (Received Ja

(*Abstract.*)

This was the record of a case of stri
ing colon in which he excised the disea

through the wound made for a left lumbar colotomy, the patient recovering.

The operation was performed on a lady, æt. 50, who had suffered from complete obstruction for eight weeks, and was very feeble. The stricture could not be felt from below. The bowel was removed through the oblique incision made for left lumbar colotomy by simply pulling the segment strictured through the wound and stitching each portion of the bowel with its two orifices, as divided, to the lips of the wound. The stricture was of the annular kind, and involved about one inch of the bowel. It was so narrow as to admit the passage of a No. 8 catheter.

The preparation was exhibited, with the microscopical appearances of the growth on section, as made by Dr. Goodhart. Mr. Bryant said he believed the operation he had performed was a new one, and that it was applicable to not a few of the cases of stricture of the descending colon. It had suggested itself to his mind from seeing cases of localised or annular stricture of the bowel which were free and moveable, both in operations of colotomy as well as in the post-mortem room, but the case read was the first in which he had put the suggestion into practice.

He pointed out how these annular strictures were generally local diseases, and consequently how desirable it was that they should be removed when possible.

He suggested that the question of excision of the diseased growth should be entertained as soon as the diagnosis of the case was made, and that in every case of colotomy for chronic obstruction of the descending colon the possibility of being able to remove the diseased bowel by operation should be considered before the bowel is opened for a colotomy operation. He then showed how desirable it was that the question of excision or of colotomy should not be postponed till the patient's powers were too feeble to bear either, as is now too often the case. He stated that he did not regard the operation he had performed in a more serious light than he did a colotomy in which the peritoneum was wounded.

April 11*th*, 1882.

JOHN MARSHALL, F.R.S., Preside

Present—28 Fellows and 3 visitors.

Books were presented by Dr. Hay
Murrell, Dr. Hasket Derby, and Dr.
from the "Berliner Medicinische Gese

The following gentlemen were ele
Society:—Philip Henry Bindley, M.B
A. Bowlby, F.R.C.S., Joseph Mill
Myers, M.D., Herbert Isambard Ow
Amand J. M'Connel Routh, M.B.,
mour J. Sharkey, M.B., M.R.C.P.,
Smith, M.R.C.S. (Brighton).

The following communication was

On a Case of Tumour of the Bladder fully removed through a Pe Urethra, with remarks on th operation in certain cases THOMPSON, Surgeon-Extraord the Belgians, and Consulti versity College Hospital. (R 1882.)

(*Abstract.*)

Thomas Reading, æt. 29, consulted
learned that eight years previously he

but the tumour appeared to be entirely re
bleeding followed. He had no bad sym
recovery, and speedily regained good hea
any return of symptoms since the operati
months ago. During that period I have
three times, so as to be assured of his conti

The patient was presented at the meetin
and quite free from all urinary symptoms.

Regarding this and other cases which
results, the author advises that in certain
which is clearly vesical, and is not explicabl
thesis of impacted calculus or vesical tumo
membranous urethra from the perineum,
exploring the bladder, should be made.
sion ordinarily made in the median opera
the purpose of introducing the finger, and
for research and removal. The symptom
presence of which generally indicate the
events, the possible propriety of adopting

The tumour was examined by Mr. Stanle
College Hospital, and was a simple fibroid

April 25th, 1882.

JOHN MARSHALL, F.R.S., Presiden

Present—26 Fellows and 2 visitors.

Books were presented by Dr. Dobel
Mons. Labus, President of the Congr
Laryngologie, Dr. B. Sanderson, and
Executive Committee of the Internat

gress, the Royal Society, the Royal Society of Edinburgh, and the Quekett Microscopical Club.

Charles R. B. Keetley, F.R.C.S., and Joseph Mills, M.R.C.S., were admitted Fellows of the Society.

A letter was received from the Home Secretary, Sir Wm. Vernon Harcourt, stating that he had laid the loyal address of the President and Council of the Society before the Queen, and had the commands of Her Majesty to assure them that Her Majesty was deeply sensible of their loyalty and affection.

The following communications were read:

I. On Wounds of the Theca Vertebralis, with Discharge of Cerebro-Spinal Fluid. By Timothy Holmes, F.R.C.S., Surgeon to St. George's Hospital. (Received March 6th, 1882.)

(*Abstract.*)

Referring to a case published in the sixtieth volume of the 'Transactions,' in which a copious flow of limpid fluid took place from a wound in the back, and in which it was believed that the ureter was wounded, though it was also admitted as possible that the fluid might have been cerebrospinal, the author relates two cases, one under his own observation in a patient of Mr. Rouse at St. George's Hospital, the other from the 'Lancet,' in which a similar copious discharge of watery fluid was caused by a wound of the spinal membranes, not involving any wound of the cord or large nerves, as proved in one case by post-mortem examination, and in the other by the position of the puncture. Such wounds do not of themselves produce any symptoms, the

loss of fluid being gradual, and the fluid
secreted. Inflammation around them m
functions of the cord or nerves even to a
seems some warrant for believing that t
drawal of large quantities of the fluid (as
bifida) may produce dangerous syncope.

II. Suggestion for the Treatment Empyema by Thoracentesis, a Injection of Purified Air. **Parker**, M.R.C.S., Assistant London Hospital for Children. 19th, 1882.)

(Abstract.)

The author commenced his paper with
empyema in a child, aged three years a
had been in the East London Children's
of his colleague, Dr. H. Donkin. The
with great clearness to a very large effu
aspiration only four ounces could be w
later a further attempt was made, with n
the chest-wall was punctured in two or t
free incision was made, when between f
fluid were got out. The child ultimatel
any deformity, although she had an atta
empyema was still discharging.

The mechanism of tapping was the
minded the Society that it was a *vis a*
fluid, rather than a *vis a fronte,* which
the lung re-expanded, or the diaphragm
fell in. There were cases, however, in w
of the chest walls and binding down of
force was reduced to a minimum and
necessary in order to empty the abscess

Paris, had published a case similar to his own, and had proposed to forcibly expand the lung through a tube introduced into the bronchus.

Instead of this somewhat heroic treatment, it was suggested that filtered and carbolised air should be introduced into the pleural cavity in order to displace the fluid. A suitable apparatus for this purpose was shown, and its mode of use demonstrated to the Fellows present. At the completion of the operation it was stated that the air in the empyema cavity ought to be somewhat less dense than the external air, so that the lung might be in a position to re-expand from the first, while the gradual absorption of the air would keep up that advantage during the period of cure. It was contended also that the presence of air in the chest under such circumstances, by supporting the vessels, would tend to hinder the reaccumulation of fluid, which a condition of vacuum, as under ordinary circumstances, would rather tend to promote. A case, under the care of Dr. Symes Thompson, in which this plan of treatment was successful, was referred to.

Cases also were mentioned in which there had been difficulty in withdrawing the fluid, depending on other causes, and particular stress was laid on them, for in such cases the injection of air into the pleural cavity would not suffice to overcome the difficulty. The author specially emphasised that his "plan of treatment is adapted chiefly for those cases in which the difficulty of getting out the fluid depends on rigidity of the wall of the empyema cavity." This condition is most likely to occur in adults, although the case mentioned at the commencement of the paper was a typical one, occurring in a young child. He recommended its trial before "free incision, which is a somewhat severe measure," is adopted.

May 9th, 1882.

JOHN MARSHALL, F.R.S., Preside

Present—28 Fellows and 3 Visitors.

Books were presented by Mr. T. Pearce Gould, Dr. Maurice Jeannel, th the Zoological Society, and the G Hospital.

The following gentlemen were adm Society:—Anthony A. Bowlby, F.R M.D., Herbert Isambard Owen, M.D Routh, M.B.

William Lang, F.R.C.S., James Re John Wharry, M.D., were proposed f

The following communications wer

I. Notes on a Case of Double Inguin Wood's Radical Cure; with the Wire-operation for Reduc easily retained by a Truss. TIVY, F.R.C.S. Ed. (of Clifto 14th, 1882.)

(*Abstract.*)

J. W—, æt. 19, first came under my with double scrotal ruptures, each the siz large hernial apertures on both sides, fingers; both ruptures easily reducible, but a truss no use, as the herniæ slipped down behind. On March 13th Wood's operation was performed on both sides, twisted silver wire being used instead of plain copper, in order to produce by the roughness a more copious exudation of lymph, and thus a more firm matting together of the parts. The patient being perfectly anæsthetised did not struggle, and did well after the operation, his temperature never reaching 100°; he had no peritoneal tenderness; slight double scrotal swelling, and moderate discharge from the wounds. He slept well all through and had a daily evacuation. On March 29th, sixteen days after the operation, the wires were easily removed, and good consolidation was found on both sides, so much so, that on July 16th with difficulty could the position of the rings be made out; he has continued cured up to the present time, wearing a truss when engaged at hard work. The patient was exhibited to the Society.

The author drew attention to some precautions necessary to ensure the success of the operation, particularly dwelling on the necessity for selecting healthy patients under thirty years of age; in the operation itself, he urged that the posterior wall of the canal must be carefully included in the parts operated upon, and the invaginating finger used with care to protect the peritoneum, epigastric vessels, iliac vessels, and bowel; the sutures must be placed directly opposite the openings to be occluded, and should not be drawn so tightly as to endanger sloughing.

Mr. Wood has performed his operation 310 times, in 167 of which the result was verified, viz. 119 cures after the lapse of from two to twenty-four years, in the remaining 48 the ruptures returned, but in no case to the same extent as prior to the operation; in 133 cases the patients were lost sight of; three deaths occurred in the first 100 cases, from pyæmia, peritonitis and erysipelas; in the latter 210 cases there was no death and no bad symptom of any kind.

Dr. Buchanan, of Glasgow, has operated three times successfully in 1879.

Mr. Thornley Stoker, of Dublin, twice successfully, once in 1874, and again nine months ago (the latter case is of no value statistically).

Dr. Percival, of Northampton, two cases
1880.

Mr. Spanton, of Stafford, three cases
successful, one partially so, the third unsu
important modifications of Wood's operatio
operation, and the antiseptic stitching up o
with catgut or fishing gut. Mr. Spanton
operation twenty-five times between De
December, 1879, with twenty-one successes
these cases having been done in 1879, suffic
elapsed for a final judgment to be given, an
that some of the cases have not been seen si
Spanton's operation possesses many requis
is easy of application, but its weak point
drawing the boundaries of the canal into s
tact. The author proposes partially to re
having the screw made much smaller at the
point, and thus gradually drawing the pill
closer apposition by rotating the screw; he
screw, comparing it with Spanton's.

The stitching operation, of which there a
at least (the best being ligature of the n
excision of the sac, and stitching together
abdominal opening), is held in favour by S
Dr. P. H. Watson, Mr. Annandale, Mr. H
A. H. Corley, of Dublin, Mr. Rushton
and many others, and Dr. Isidor Isra
statistics of seventy-one cases with fifty-
deaths. The stitching operation is useful f
hernia, and for some cases of reducible o
in patients beyond the age of thirty, and
owing to illhealth, it is not advisable to p
operation of Mr. Wood, it has many adva
difficult of performance is certain to be po
its neither affording as firm an invagina
copious an exudation of lymph and subs
the openings as Wood's operation, its effe
manent, and no patient after the stitching

to be without a truss. The author, in conclusion, recommends Wood's operation in all cases of reducible hernia not easily retained by a truss, where the patient's age is under thirty and his health good.

II. Ectrotic Treatment of Varioles in Smallpox; Cauterisation by Carbolic Acid, with Morbid Anatomy and Pathology of the Varioles. By MONTAGUE D. MAKUNA, M.R.C.S., late Medical Superintendent Fulham Smallpox Hospital. Communicated by Sir JOSEPH FAYRER, K.C.S.I., M.D., &c. (Received February 11th, 1882.)

(*Abstract.*)

The plan of cauterisation by carbolic acid was first suggested by Dr. Eade, of Norwich, in 1878, and the author of the paper is the only one who has given it a trial and has to report its success. The cases were seen by Dr. Klein and other medical men. The following is a short syllabus of the paper:

1. General observations.

2. Pathology and morbid anatomy of the varioles: papules, vesicles, pustules, following the descriptions of Dr. Tilbury Fox and Dr. Klein. This part of the paper was illustrated by twenty-four microscopic sections of the eruption, made by Dr. Klein.

3. General management and applications.

4. Ectrotics to prevent pitting with their therapeutics; cauterisation by carbolic acid on the first or second day of the vesicular stage, cutting open the vesicles, and dabbing their surface with carbolic lotion at the height of the vesicular stage, and Velpeau's plan of using nitrate of silver in a few cases. The author condemned the practice of darkened rooms, basing his arguments on the researches of Dr. Downes, Mr. Blunt, and Professor Tyndall on the influence of light on bacteria and other animalcules.

5. Remarks on the mercurial preparations, iodine, cold com-

presses, gutta-percha collodion, plasters and ointments, which all are more or less used by some and condemned by others.

6. General treatment during pustular stage.

7. Skin sequelæ: maculæ, psoriatic condition of the skin, tubercles, enlargement of the opening of the sebaceous ducts and their treatment.

May 23rd, 1882.

JOHN MARSHALL, F.R.S., President, in the Chair.

Present—65 Fellows and 39 visitors.

Books were presented by Mr. H. T. Butlin, Mr. Noble Smith, Mr. A. Ramsay, the India Office, and the Medical Society of Pennsylvania.

Dr. Seymour J. Sharkey and Mr. Charles John Smith (Brighton) were admitted Fellows of the Society.

The following communications were read:

I. Two Cases of Laryngeal Growths in which the Neoplasm was successfully Removed by Endo-Laryngeal Operations with the Aid of the Galvano-caustic Method. By FELIX SEMON, M.D. Berlin, M.R.C.P., Assistant Physician for Diseases of the Throat to St. Thomas's Hospital, &c. (Received March 14th, 1882.)

(*Abstract.*)

The first of these two cases was one of multiple, sessile, in part subglottic, recurrent papillomata, occurring in a young lady, æt. 20, after a common cold, and giving rise to complete aphonia and slight dyspnœa on exertion. The supraglottic portion of the growths having been removed with forceps, and the tendency towards recurrence, which at first was most markedly manifesting itself, having been gradually exhausted after repeated removals, the subglottic papillomata, which it was found could not be removed by any endo-laryngeal method, were destroyed with the aid of a suitably bent galvano-cautery, which was introduced between the vocal cords during the act of deep inspiration. The patient completely recovered her voice, and has been free from recurrence of the growth for more than four months.

The second case was one of a very large and hard, broad-based fibroma, originating from the anterior commissure of the vocal cords and the anterior third of the right vocal cord, occurring in a man, æt. 38, and causing complete aphonia and dangerous dyspnœa, filling up as it did almost the whole of the glottic cavity. Its growth was to be traced for the last ten years. It was removed by the aid of a galvano-caustic loop passed round it, and was found to be one of the largest benign laryngeal growths on record. The patient completely regained his voice, and is now quite well. Rossbach's method of producing local anæsthesia of the larynx by directing two ether sprays simultaneously against the points of entrance of the superior laryngeal nerve into the thyro-hyoid membrane was resorted to, but not found in this case to afford any material advantage over the simpler expedient of directing the patient to suck lumps of ice some time before the operation.

Dr. Semon stated that he had brought these cases before the Society because they practically proved that certain qualities of laryngeal growths—such as *multiplicity, subglottic position, tendency towards frequent and quick recurrence,* and again, *excessively large size, broad base, and great hardness*—which were generally looked upon as so many contra-indications against the performance of any endo-laryngeal operation, are in reality no serious obstacles to endo-laryngeal interference, *even if several of them occur together.* He discussed at some length the comparative advantages and disadvantages of extra- and intra-laryngeal operations in cases of benign laryngeal growths, showing that thyrotomy gave no guarantee against recurrence of papillomata, and that this operation *in itself*, as in the opinion of Paul Bruns, was very dangerous to the vocal function. He admitted that the galvano-caustic method ought not to be used in the larynx as long as the same ends could be achieved by simpler methods, but maintained that in such cases as the two brought forward it was of the highest value, because it could not be replaced by any other method. On the whole, he thought that no hard-and-fast rules could be laid down which should govern our decisions as to the choice of the method in every given case of laryngeal growths. *Exclusive* adherence to either course was to be deprecated, and he advocated the general adoption of the rule, "*That no extra-laryngeal operation for the removal of benign growths should be performed until endo-laryngeal operation had been proved unsuccessful.*"

II. On Thyrotomy for the Removal of Foreign Bodies impacted in the Interior of the Thyroid Cartilage. By TIMOTHY HOLMES, F.R.C.S., Surgeon to St. George's Hospital. (Received March 6th, 1882.)

(*Abstract.*)

This paper relates the history of a case in which a large and rough piece of rabbit bone was impacted in the neighbourhood of the left vocal cord for seven days before its removal. On the failure of attempts to extract it with the laryngeal forceps from the mouth, laryngo-tracheotomy was performed on the fifth day, and as the bone was still immovable the thyroid cartilage was divided on the seventh day, when the piece of bone was at once extracted. The patient had suffered rather severely from inflammation of the mucous membrane of the larynx and trachea before the operation, and this did not subside after the operation, but spread gradually down to the lungs, until finally a gangrenous abscess formed in one lung, and the patient died nine weeks after the operation. Post-mortem examination showed evidences of intemperate habits, which was indeed also known from the patient's history. The voice had almost entirely returned before the patient's death, and the wound had contracted to a very minute fistula. The parts concerned in the operation are exhibited, and show hardly any unnatural appearance. There is slight ulceration of the left vocal cord, caused by the foreign body, and a very minute perforation still existing in the thyroid cartilage above the glottis, but the wound, which extended from the upper border of the pomum Adami to the second or third ring of the trachea, is represented only by a faint line of union, and the vocal cords show no sign whatever of having been interfered with.

The general subject of the indications for thyrotomy, the method of performing it, and its results in cases of impacted foreign bodies were discussed, and the following conclusions were arrived at:

1. Very large substances may be impacted, either in the ventricle or between the alæ of the thyroid cartilage, without causing any symptoms of immediate urgency.

2. When such substances are rough or pointed they sometimes give rise to a spreading inflammation of the mucous membrane, and in such cases should be removed as soon as possible.

3. If they can be seen and touched they can usually be removed from the mouth, either whole or piecemeal.

4. When this is found impossible without tracheotomy an opening should be made through the crico-thyroid membrane and upper rings of the trachea.

5. After this operation it is quite possible that the spasmodic condition of the parts about the glottis may subside, and a renewed attempt at extraction be successful.

6. If this is impossible the foreign body may perhaps be either extracted or displaced from the tracheal wound, so that a preliminary tracheotomy is always advisable.

7. On the failure of such attempts, the thyroid cartilage is to be laid open in the middle; partially, from below upwards, if the

body is small and can be felt lying near the wound; entirely, and better from above downwards, if the body is large, firmly impacted, and lying out of reach from the tracheotomy wound.

8. The operation of thyrotomy involves little danger to life, and not much to the integrity of the voice; at least, the risk of damage to the vocal cords is much greater from the protracted irritation of the foreign body than from the operation.

Mr. Watson Cheyne and Mr. Edward M. Nelson exhibited Professor Koch's specimens of the Bacilli of Tubercle, and other Pathological Bacteria.

The following were the specimens of the micro-organisms of infective diseases exhibited:

1. Four specimens of the bacilli, recently described by Dr. Koch as occurring in cases of tuberculosis. These were:—(*a*) A specimen of sputum from a patient suffering from phthisis, in which large numbers of bacilli were seen. These were stained by gentian violet, while the remaining constituents of the sputum had been stained brown by Bismarck brown. The method employed in preparing the specimen was that introduced by Dr. Ehrlich. (*b*) A specimen of miliary tubercle in man, where the tubercle had been picked out and crushed on a cover glass, allowed to dry, and stained first with methyline blue and afterwards with vesuvin. The bacilli in this specimen were stained blue. (*c*) A section of a tuberculous gland from a guinea-pig, in which tuberculosis had been induced by the injection of tuberculous material, also stained by methyline blue and vesuvin. The bacilli stained blue were seen in large numbers among the cells, more especially at the margin of the tubercle. (*d*) A section of a tuberculous gland from a case of bovine tuberculosis (Perlsucht) stained by Ehrlich's method, showing enormous numbers of bacilli present, more especially in the interior of giant cells. Mr. Watson Cheyne explained that, for the

demonstration of micro-organisms in the tissues, the proper illumination of the specimen was of more importance than the use of high magnifying objective glasses, and to show what could be done by good illumination above, this section was shown under a quarter-of-an-inch objective. The bacilli could be beautifully seen, though necessarily very small, in the interior of the giant cell.

2. A section of a leprous nodule, showing numerous bacilli, resembling somewhat the tubercular bacilli in size, but somewhat more pointed at their ends. The bacilli were present among the cells and also in the interior of the cells and of the nuclei, apparently destroying them.

3. Blood from a septicæmic mouse dried on a cover-glass and stained with methyline blue, showing the presence of numerous minute bacilli in the blood. This form of septicæmia affects only house mice, not being inoculable, so far as is yet known, on any other animal. These bacilli have been cultivated on blood serum outside the body, and still produce the disease when introduced into house mice. Photographs of blood and sections of tissue containing these bacilli were also shown.

4. Section of a lymphatic gland from a rabbit affected with anthrax, showing the *Bacillus anthracis* present in enormous numbers. Photographs were also shown illustrating the presence of these organisms in all the capillary vessels of animals affected with the disease, and a section of a carbuncle excised from a milkmaid who had infected herself with anthrax.

5. Section of the ear of a rabbit, which was apparently affected with erysipelas, in which long delicate bacilli were present on the surface of the cartilage. Also photographs showing the same thing.

6. Blood from a case of relapsing fever in man, showing the spirilla found in that disease. Photographs of the blood and of sections of the brain from cases of relapsing fever in man, and also induced in monkeys, were also shown.

7. Section and photographs of the micro-organisms found in pyæmia in rabbits. These are extremely minute micrococci, which tend to grow round the red corpuscles and cause them to adhere to each other and to the walls of the vessels, forming

clumps, which are apt to be carried on and form emboli, followed by the formation of abscesses, as in pyæmia.

8. Blood of a pigeon stained, showing the organisms present in Davaine's septicæmia, and possibly the same as those causing the *cholera des poules* of Pasteur. These are bacteria stained at each end, but no staining in the middle.

9. Section of the kidney of a rabbit, and also photographs showing the organisms found in septicæmia of rabbits. These are small bacteria, and they form plugs in the capillaries throughout the body.

10. Section and photographs showing the organisms found in progressive abscess formation in rabbits (Koch). Here preceding the abscess are masses of micrococci, forming a sort of wall between the healthy tissue and the abscess cavity.

11. Photographs of sections of the skin at the spreading edge from a case of cutaneous erysipelas. Here the lymphatic vessels were full of lymph cells and micrococci, and in places the micrococci had penetrated into the spaces of the cellular tissue. A photograph of the pus from the wound was also shown, in which the micrococci resembled those found in the lymphatic vessels in size and mode of grouping.

12. Photographs of sections of various organs from a case of smallpox, showing numerous plugs of micrococci in the smaller vessels.

13. Photographs of organs in a case of osteomyelitis, showing plugs of micrococci.

14. Photographs of sections of the heart in ulcerative endocarditis, showing masses of micrococci in the muscular tissue.

15. Photographs of sections of the kidney from a case of diphtheritic inflammation of the bladder, showing numerous renal capillary blood-vessels plugged with small bacteria.

16. Photographs of sections of the kidney in pyelo-nephritis, showing bacilli in the renal tubules.

Mr. **Victor Horsley** (University College, London) showed some specimens of Mechanical Mycosis, Biological

Mycosis, and a Common Form of Organisms found in Discharges from Wounds.

The specimens of micro-organisms exhibited were a series of the more common forms, intended at the same time to illustrate one or two important clinical points which will best be referred to in describing the organisms in question.

For practical purposes we may divide them into coccus forms and rod forms.

Coccus Forms.

1. *Micrococci* in chains (*Micrococcus prodigiosus* of authors). These organisms occurred in pus from an amputation wound, the discharge being both coloured yellow and smelling strongly of iodoform. The iodoform was sprinkled freely over the flaps at the operation. I have examined five such cases, and in all of them, although the pus was strongly impregnated with the drug, micrococci were found in plenty. Rod forms, however, were absent from all. These results agree with those of Mikulicz.

2. *Micrococci* from a case of umbilical pyæmia (one of the kinds of pyæmia neonatorum). The pus in this specimen filled the portal vein. The blood and pus from joint abscesses in this patient all showed the same organism, an instance of biological mycosis.

3. *Petechia* from the pericardium in a case of puerperal sapræmia, probably a simple case of absorption of the chemical "sepsin." No organisms were found in the blood. The source of septicæmia was a fetid abscess in connection with the right ovary. A fuller description of this case will subsequently appear.

Rod Forms.

4. *Bacterium termo.*—The common bacterium of putrefaction occurring in the discharge from the wound of an excision of the knee (dressed openly). One specimen stained, the other unstained. The latter taken from some of the organisms cultivated on a potato (method exhibited).

5. *Bacillus anthracis* from blood of guinea-pig inoculated with charbon.

6. *Bacillus* found in the exudation fluid of a peritonitis excited artificially in the guinea-pig by the introduction of dilute nitric acid (10 per cent.), the animal being anæsthetised (cf. Dr. Burdon-Sanderson, Reports to Med. Off. of Privy Council). These bacilli closely resemble those of anthrax and are exhibited for comparison.

7. *Blood-vessels* in the omentum of a guinea-pig poisoned with charbon, showing how the bacilli by their number and size block up the vessels, thus giving rise, at least, to a mechanical interference with nutrition, a condition I have termed elsewhere* "mechanical mycosis."

Mr. G. F. Dowdeswell, M.A. Cantab., showed specimens of the Bacteria of Davaine's Septicæmia in the Blood of the Rabbit.

The micro-organisms shown were those which occur in the blood of the rabbit in the form of septicæmia known as that of Davaine, one of the first who described it about twenty years ago, and which has attracted great attention from the statement that, in it the blood is infective in inconceivably minute quantities—in the trillionth or the ten trillionth part of "a drop," and further, as was asserted, that in successive generations of infection artificially transmitted there was a progressive increase of infective virulence. Though Mr. Dowdeswell has lately found that the latter statement is an error, the former is correct to the extent that septicæmic blood in the rabbit is usually, and probably invariably, infective, in the millionth part of a drop, *i.e.* a minim, and sometimes in smaller quantities. The organism itself is a minute form of bacterium in the proper generic sense of the term; as defined by Cohn, its diameter or breadth is only just over half a micromillimeter (0·0005 mm.), almost exactly one fifty thousandth of an inch; the length varies in different stages of development from one and a half to two, three, or occasionally five times the diameter.

It has not been hitherto described or figured by any one, excepting by M.M. Coze and Feltz, in a well-known work published at Strasburg and Paris in or about 1872. Their description is imperfect and totally at variance with Mr. Dowdeswell's observations. This organism is interesting microscopically and morphologically, as showing in stained specimens what the so-called dumb-bell or figure-of-eight form really consists of; it is present, as the preparation exhibited shows, in immense numbers in the blood of the heart, and admitting it to constitute, as is probable, the actual contagium, the specific virus of the disease, this accounts for the circumstance of the blood being infective in the minute quantities above stated.

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* Report to Medical Officer of Local Government Board for 1882.

June 13*th*, 1882.

JOHN MARSHALL, F.R.S., President, in the Chair.

Present—38 Fellows and 9 visitors.

Books were presented by Dr. John W. Ogle, Mr. Samuel Osborn, Mr. G. E. Waring, and Mr. Spencer Wells; also from the Registrar-General, the New York Academy of Medicine, the American Medical Association, and the Boston City Hospital.

William Lang, F.R.C.S., James Reid, M.D., and Charles John Wharry, M.D., were elected Fellows of the Society.

The President drew the attention of the meeting to the voluntary subscription list for Fellows to the Harvey Testimonial Fund, which had reached the sum of thirty guineas, and which would still be kept open for subscriptions by Fellows wishing to contribute to it.

The following communications were read:

I. Concerning the Action of Salts of Potash, Soda, and Ammonia on the Frog's Heart. By SYDNEY RINGER, M.D., Professor of Medicine at University College, London, and HARRINGTON SAINSBURY, M.D., M.R.C.P. (Received March 21st, 1882.)

(*Abstract.*)

The present paper describes experiments made during the months November and December, 1881, January and the early part of February, 1882, the special object of which was to compare the salts of soda, ammonia, and potash, in respect of their action.

The ventricle of the frog's heart was selected for this purpose; it was fed with a mixture of saline $\frac{3}{4}$ per cent. and a solution of dried bullock's blood. To the circulating fluid the drug to be tested was added. The contractions of the heart were recorded on a revolving cylinder.

The drugs were tested in two directions:

1st. As to their influence on the spontaneous working of the heart.

2nd. As to their influence in modifying the effect of continuous faradisation. The effect of continuous faradisation applied to the undrugged heart is a condition of continuous contraction, *i.e.* a spasm of greater or less extent. A certain strength of current and frequency of interruption is, however, required for the above effect.

To this persistent spasm, the chief factor in which is fusion of neighbouring contractions, the term "tetanus" is applied. Marey has principally described tetanus of the heart, though before him Luciani had drawn attention to the subject. The chief points of interest about cardiac tetanus is that, given a minimal stimulus adequate to cause contraction of the heart—repetition of this, however great the frequency, will not cause fusion—or spasm, the necessary element; a certain frequency of repetition being given is increase in the strength of the current. In this respect cardiac tetanus contrasts with that of a skeletal muscle. The explanation, according to Marey, is, briefly stated, as follows:—The excitability of the heart is a varying quantity; during the period represented by each systole it is at a minimum, and a nominal stimulus is during this period ineffectual. Above a certain frequency of minimal stimuli further increase will hence be ineffectual, since these stimuli acting during the above "refractory period" will be without effect. Increased strength of currents, however, lessens this period, and above a certain strength of current every stimulus is responded to, and fusion, *i.e.* tetanus, results.

The results here obtained were in accordance with Marey's statements, and his further statement that heat diminished whilst cold prolonged the refractory period was also confirmed, since, other things being equal, heat favoured the production of tetanus whilst cold hindered it.

Tetanus or continued contraction is facilitated by three modes:

1st. By diminution of the refractory period, whereby fusion is favoured, increased strength of current will do this rise of temperature also. Further, certain drugs will do this; such are said to increase excitability.

2nd. By prolonging the duration of each beat.

3rd. By the induction of a state of persistent spasm, probably of the nature of tonus.

It is clear that, other things being equal, 2nd and 3rd must aid the production of tetanus as above defined.

For a description of the persistent—tonic?—spasm referred to under 3rd, see 'Journal of Physiology,' December, 1881.

The effect of exhaustion was tried, but it did not appear to facilitate or impede the production of tetanus.

Hydrate of soda, ammonia, and potash were tested, as regards their effect as favouring or hindering the production of tetanus.

Soda was found to favour tetanus, ammonia also, and in a marked degree potash from the very commencement hindered the production of tetanus. In the later stages a curious effect was noted: the faradisation instead of *tending* to produce tetanus, now showed an opposite *tendency*, it suppressed the spontaneous beat. Of these three bases, then, soda and ammonia go together as increasing *faradaic excitability*, and contrast strongly with *potash*, of which the action was exactly opposite. The influence of drugs on the spontaneous working of the heart was next examined. The following were examined:—Hydrate of potassium, the iodides, bromides, and chlorides of sodium, ammonium and potassium. Also the citrates of these three bases. Amongst the results obtained, the most striking was this: that the action of a drug on a rhythmically contracting tissue may show itself in two directions:

1st. It may affect the *contraction rate.*

2nd. It may affect *the actual value of the beats themselves.*

In all the cases examined, both were affected, but unequally; with one drug the stress would fall on *contraction rate;* with another, on the *value of the beats themselves.*

For the term "contraction rate" the word excitability has been substituted; for the "value of the beats" the words contractility. These substitutes are taken to represent that which underlies the one and other manifestation. The reasons for the choice of the term "excitability" are stated in the paper.

The question then, arises, are excitability and contractility ultimately connected? does action on the one necessarily involve action of the other? or may they be more or less dissociated and separately subject to influence? The evidence points very clearly to dissociation, for neither qualitatively nor quantitatively does there appear to be any constant relation between the two. Thus increased frequency of contraction may be accompanied at one time by increased height of beat, at another by diminished height, and this not only in the case of different hearts, but even in the same heart. Then, again, in respect of quantitative relation, one finds at one time and in the same heart marked effect on excitability, with little noticeable effect on contractility, *i.e.* there may be marked slowing with scarcely affected height of trace; at another time with little appreciable effect on frequency, the stress now falls on contractility.

Hence one may speak of a drug as acting on either excitability or contractility, and the results summarised are:

That in no case examined was the action exclusively in one or other direction; this will probably hold for all drugs.

That the degree in which one or other suffers varies with the drug.

Thus, with the chlorides, bromides, and iodides of the bases sodium, ammonium, potassium.

The salts of sodium and ammonium affect excitability but slightly, whilst those of potassium affect excitability markedly, and thus, whilst it was the exception in the case of the latter not to get permanent arrest of spontaneous beats before contractility was destroyed, with the salts of ammonium and sodium it was the exception when spontaneous beats did not continue less to the very end, and moreover with a final frequency little short of, often an excess of, the original frequency. In respect of influence on excitability, ammonium and potassium form the extremes. Sodium is intermediate, though much nearer ammonium than potassium.

As to the action of contractility, the quantities of the drugs used constitute the measure of the activity, for the exact quantities reference must be made to the original paper, but stated approximately, potassium and ammonium come very near together, whilst a very wide gap separates these from sodium salts; thus the highest estimate would represent the sodium salts; of this group as $\frac{1}{10}$th as poisonous as the potassium and ammonium salts.

It is important not to take action on contractility as the exclusive measure of poisonous action, for arrest may also be effected by action on excitability, and from a clinical standpoint, "arrest" is that which concerns us more immediately than the the precise "mode in which." Hence, in order of poisonous action we have:

First, potassium salts most poisonous, both excitability and contractility powerfully affected.

Next, ammonium salts: excitability practically unaffected. Contractility powerfully affected. Then a wide gap separating. Sodium salts: excitability slightly affected, but contractility suffering chiefly.

The therapeutic importance of these results is obvious, the more so that the iodides and bromides of potassium and ammonium are so very largely used. The inference, it must be observed, from the ventricle tied on to the cannula to the entire organism is simply to this extent: if, under simple conditions it is found that one drug is far more active than another, is it not fair to assume that it will still prove itself more active under more complex conditions, at any rate under such as the organism as a whole presents? Hence these experiments would suggest the substitution of the bromides and iodides of sodium in preference to those either of potassium or ammonium, and that of these two the ammonium salt is to be perferred to the potassium salt. The suggestion has the greater force, that so far as clinical experience goes, the salts of sodium and ammonium would appear to be as effective as those of potassium. One or two points remain.

Thus, throughout the salts of potassium examined, from the hydrate to the citrate, certain characters are found to be in common.

The same holds for ammonium salts. The sodium salts are for reasons given in the paper less fitted for comparison. Thence, confining the attention to the salts of ammonium and potassium, the fact to be pointed out is, that along with identity of base goes similarity of action.

It is further pointed out that this last implies that elements entering into combination do not lose their individuality of action, and this may possibly account for an apparent discrepancy between the results here given and clinical experiences for, as here given, the citrates of potassium and ammonium are at least as poisonous as the bromides, iodides, and chlorides—a result quite opposed to clinical experience, but not irreconcilable, if but one side, as it were, of a drug is here taken into account.

Finally, experiments on the citrates of sodium, ammonium, and potassium were made. The results were very similar in *kind* to those already obtained, and the general statements applying to the chloride group may be extended to these salts. The chief points to be noted are: that in respect of the sodium salt the citrate was at the lowest estimate doubly as poisonous as the sodium salts of the chloride group; still, even this leaves it only $\frac{1}{4}$th as poisonous as the ammonium and potassium citrates; that the ammonium and potassium citrates are about as poisonous as the salts of these bases belonging to the chloride group. These numbers refer alone to the effect on contractility, for in respect of excitability there was much less tendency towards inhibition with potassium citrate than with the potash salts of the chloride group. It may be stated in conclusion, that the essential points which these experiments establish are—1st. The twofold mode in which drugs may affect the cardiac tissue, viz. in respect of *excitability* and *contractility*. 2nd. The relative activity of the salts of sodium, ammonium, and potassium, under similar conditions.

Both of these points, but especially the latter, have very practical outcomes.

II. Additional Cases of Osteitis Deformans. By Sir JAMES PAGET, Bart., D.C.L., LL.D., F.R.S., Serjeant-Surgeon to H.M. the Queen, &c. (Received April 17th, 1882.)

(*Abstract.*)

The paper consists in the relation of seven cases of this disease observed by the author since the publication of his paper on the same subject in the sixtieth volume of the 'Transactions.' They all confirm the description there given, and are adduced as further evidence that the disease to which the name is given has well-defined and distinctive characters justifying its being regarded as a special form of inflammation of bones. This affection usually concerns many bones, most frequently the long bones of the lower extremities, the clavicles, and the vault of the skull. The affected bones become enlarged and heavier, but so weakened that those which carry weight or bear much muscular straining bend and become curved or misshapen. The disease is slowly progressive, giving rise to rheumatoid pain in the affected limb, and increased heat in the tibia. These symptoms are not constant nor felt in all the bones. No special disturbance of the general health attends this affection. In all the twelve cases,

except the last, the disease has begun in persons over forty years old. There is no inherited relation to any disease except gout. The posture, general appearance, and movements of the patients have been alike in all the cases observed. They often suffice for the diagnosis.

III. Notes on Two Cases of Malignant Pustule, together with a Table of seventeen cases which have been treated at Guy's Hospital. By J. N. C. Davies-Colley, M.C., Surgeon to, and Lecturer on Anatomy at, Guy's Hospital. With a Report on the microscopical examination of Sections from a portion of the Skin of the Cheek, affected with Charbon, removed during life from a patient of Mr. Davies-Colley's, by F. Charlewood Turner, M.D., Physician to the London Hospital. (Received May 9th, 1882.)

Abstract.

In this paper the author has tabulated seventeen cases of malignant pustule or charbon which have occurred during the last nine years at Guy's Hospital, and he has given more fully the details of two which were admitted into his wards last year.

Case 1.—F. R—, æt. 31, worked in a hide-warehouse, and had been engaged for eight days with Australian fleeces. On April 10th, 1881, a small red spot appeared on his right lower eyelid. It grew rapidly; on the 16th he was admitted with the eye closed, and with a partly dry, partly vesicular eschar, covering nearly the whole of the swollen lower eyelid. He was in little pain, but weak, trembling, and feverish. The glands were swollen. Immediate relief followed the excision of the eschar. In a few weeks the wound had healed, but the eyelid remained everted. Bacilli were found in the blood at the time of the operation.

Case 2.—T. W—, æt. 39, a tanner, had been handling foreign hides until July 2nd, 1881. He then left off work, and on July 6th noticed a red, itching swelling on the cheek. It grew rapidly. On the 10th he had loss of appetite, and on the 11th he was admitted with a raised, nearly circular patch, of more than an inch in diameter, in the middle of his cheek. The centre of this patch was slightly depressed, dry, and nearly black. The sides were covered with small, closely-packed vesicles. There was swelling of the cervical glands and œdema of the neck. The eschar was excised, and chloride of zinc applied. He recovered rapidly. Appended was a coloured drawing of the charbon, and drawings of the microscopic sections of the eschar, showing the *Bacilli anthracis* in the corium and round the hair follicles.

The author wishes to call attention to the following facts:

1. Malignant pustule or charbon is not infrequent among tanners and wharf labourers who have to handle foreign hides and fleeces.

2. It has not yet been observed at Guy's Hospital as a primary disease in the viscera, or in the form of malignant œdema of the integuments.

3. It has been seen only on exposed parts of the body, *e.g.* the face, neck, and arms, the most dangerous position being the neck, probably from its vicinity to the larynx.

4. The seventeen cases were between the ages of eleven and forty-seven, and the majority were young adults of the male sex.

5. Twelve out of seventeen cases occurred in September and the four following months.

6. The disease may be confounded with malignant facial carbuncle, poisoned wounds, and primary chancres of the face. The chief points to notice are the painless character of the eschar, its vesicular margin, and slightly-depressed, dry, blackish centre.

7. The nature of the disease is not unfrequently overlooked, and its symptoms have been attributed to such causes as the bite of a mosquito, or the absorption of arsenic through an abrasion.

8. It should be treated at once by excision or free cauterisation. Out of fifteen cases in which the eschar was excised, three were already suffering from constitutional symptoms, and twelve had considerable œdema or glandular enlargement, yet all but two recovered. The two cases in which excision was not performed were admitted with dyspnœa and other serious symptoms, and it is probable that in them the operation would not have averted the fatal result.

1. Swelling up of the most superficial part of the cutis, with the formation of a ring of papules surrounding a zone of vesicles, at the centre of which is an eschar, is the earliest change recognised.

2. That bacilli are present in these papules, but not beyond them; being

3. Numerous in the tissue of the cutis immediately below the eschar, and above to its borders, and most abundant just below the Malpighian layer of the epidermis covering the outer part of the eschar.

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